

**NEW COLUMBIAN MEMBER:** Date Entered Advocate Program \_\_\_\_\_  
Name \_\_\_\_\_ Church (Round Table) \_\_\_\_\_  
Married (Wife) \_\_\_\_\_ or Single \_\_\_\_\_ Occupation \_\_\_\_\_  
Watched New Columbian Presentation - YES

**SHINING ARMOR AWARD:**

1. Work on 3 Council Service Projects - 1 2 3
2. Attend at least 3 Council Membership Meetings – 1 2 3
3. Receive the Second & Third Degrees - YES
4. Meet with the Council Insurance Representative - YES
5. Recruit one or more New Member - YES Date Completed Program \_\_\_\_\_

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