



Knight Emeritus Application

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

The above named Knight voluntarily nominates him/herself for the status of Knight Emeritus. I attest that I am being honored for my devotion to this association and the Knights and that my wisdom and experience will be used in an advisory position. I further attest that all information contained in this application is a true statement.

To be placed as a Knight Emeritus, one of the following must be met.

1. Must be a minimum of 70 years of age and have been an active Knight for a minimum of 10 years.

-OR-

2. Must meet the requirements of Article IX, Section 2.

1. AGE _____ DOB _____ DATE DUBBED _____

-OR-

2. STATEMENT _____

SIGNATURE _____ DATE _____