



KNIGHTS OF COLUMBUS

REPORT OF COUNCIL OFFICERS CHOSEN FOR THE TERM

Council # _____

JULY 1, TO JUNE 30. IMMEDIATE UPDATE
 JULY 1, TO JUNE 30. UPDATE IN JULY

DATE OF ELECTION _____

COUNCIL ADDRESS (meeting Location)

STREET

MAILING ADDRESS Street, City, Zip (if different than meeting location)

CITY

ST

ZIP

BUS. MEETING TIME(S)

OFFICERS' MTG TIME

GRAND KNIGHT

STREET

CITY

STATE ZIP

EMAIL (if any)

ADDRESS CHANGE

TELEPHONE
AREA CODE

PHONE NO.

WIFE'S NAME

FAX NO.

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

DEPUTY GRAND KNIGHT

STREET

CITY

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

CHANCELLOR

STREET

CITY

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

RECORDER

STREET

CITY

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TREASURER

STREET

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

ADVOCATE

STREET

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

WARDEN

STREET

CITY

STATE ZIP

EMAIL (if any., print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

INSIDE GUARD

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

OUTSIDE GUARD

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TRUSTEE FOR ONE YEAR

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TRUSTEE FOR TWO YEARS

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TRUSTEE FOR THREE YEARS

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

COUNCIL MEETS

IMPORTANT NOTICE:

Financial Secretary NAME

Membership No.

Financial Secretary's Address:

City / State / Zip:

Email:

Tel / Fax:

SUBMIT ORIGINAL TO: Supreme Secretary, 1 Columbus Plaza, New Haven, CT, 06507

SEND COPIES TO: State Deputy, District Deputy, Council File

State Deputy, 15808 Arrow Blvd. SteA, Fontana, CA 92335

Chaplain's Name:

Chaplain's Address:

City / State / Zip:

Chaplain's Membership No.:

Email:

Tel / Fax:

COUNCIL NO.

2010-2011

June 24 2010

[Redacted box]

Delegates & Alternates MUST be 3rd Degree

[Redacted line]