



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

GRAND KNIGHT

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

STATE ZIP

EMAIL (if any)

ADDRESS CHANGE

TELEPHONE
AREA CODE

PHONE NO.

WIFE

FAX NO.

DEPUTY GRAND KNIGHT

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

CHANCELLOR

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

RECORDER

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

TREASURER

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

ADVOCATE

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

WARDEN

STREET

MEMBERSHIP NO. LAST NAME

FIRST NAME

INITIAL

CITY

STATE ZIP

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

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

Financial Secretary Name

FS Membership No.

MEETING TIMES:

IMPORTANT NOTICE:

Financial Secretary's Address:

City / State / Zip:

Email:

Phone and Fax:

Chaplain's Name:

() Chaplain's Address:

City / State / Zip:

Chaplain's Membership No.:

Email:

Phone and 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. Ste A, Fontana CA 92335

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