



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 (9 digits)

Business MEETING TIMES

Officers' METTING TIMES

GRAND KNIGHT

STREET

CITY

STATE ZIP (9 digits)

EMAIL (if any)

ADDRESS CHANGE

TELEPHONE
AREA CODE

PHONE NO.

WIFE

FAX NO.

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

DEPUTY GRAND KNIGHT

STREET

CITY

CITY

STATE ZIP (9 digits)

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

CHANCELLOR

STREET

CITY

CITY

STATE ZIP (9 digits)

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

RECORDER

STREET

CITY

CITY

STATE ZIP (9 digits)

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

TREASURER

STREET

CITY

STATE ZIP (9 digits)

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

ADVOCATE

STREET

CITY

STATE ZIP (9 digits)

EMAIL (if any, print clearly OR FAX)

ADDRESS CHANGE

MEMBERSHIP NO.

LAST NAME

FIRST NAME

INITIAL

WARDEN

STREET

CITY

STATE ZIP (9 digits)

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

Financial Secretary Signature

Financial Secretary Name (print)

FS Membership No.

IMPORTANT NOTICE:

Financial Secretary's Address:

City / State / Zip(9):

Email:

Phone and Fax:

Chaplain's Name:

Chaplain's Address:

City / State / Zip(9):

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

THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL

Form 185CA-2009