



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			ADDITIONAL ADDRESS		
CITY		ST.	POSTAL		

GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
---------------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

TELEPHONE
AREA CODE PHONE NO.

DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
----------------------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
-------------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
-----------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
------------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
-----------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

ADDRESS CHANGE

WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
---------------	----------------	-----------	------------	---------

STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
--------	------	----------------	-----------------

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
--------------------------------	----------------	-----------	------------	---------

COUNCIL MEETS _____

Financial Secretary (NAME) (Membership No.)

IMPORTANT NOTICE: 1 THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS

2 APPOINTMENT OF FINANCIAL SECRETARY (SECTION 128 LAWS AND RULES)
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT, HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT

3 A MEMBER MAY NOT QUALIFY FOR NOR BE INSTALLED IN A COUNCIL OFFICE UNLESS HIS DUES ARE PAID TO THE END OF THE PREVIOUS QUARTER, FAILURE TO KEEP HIS DUES PAID AS REQUIRED BY LAW WOULD MAKE HIM INELIGIBLE TO CONTINUE IN THE OFFICE, AN INSURANCE MEMBER RECORDED AS AN AUTOMATIC LOAN CASE IS NOT ELIGIBLE TO SERVE AS A COUNCIL OFFICER UNLESS THE MEMBER PAYS HIS COUNCIL DUES

SUBMIT ORIGINAL TO: Supreme Secretary
SEND COPIES TO: State Deputy, District Deputy, Council File

185 1/2001

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