



COLUMBIAN SQUIRES
OFFICERS AND CHAIRMEN FOR THE TERM
JULY 1, _____ TO JUNE 30, _____

Circle # _____

Co/Asm # _____

INDICATE MEMBERSHIP NUMBERS

MEETING LOCATION ADDRESS

DATE OF ELECTION _____

STREET			ADDITIONAL ADDRESS		
CITY		ST	POSTAL		

CHIEF SQUIRE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
---------------------	----------------	-----------	------------	---------

TELEPHONE
NUMBER

DEPUTY CHIEF SQUIRE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
----------------------------	----------------	-----------	------------	---------

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

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

SPIRITUAL CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
---------------------------	----------------	-----------	------------	---------

SERVICE CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
-------------------------	----------------	-----------	------------	---------

CIRCLE CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
------------------------	----------------	-----------	------------	---------

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

OUR CIRCLE . . . HAS ITS OWN CEREMONIAL TEAM YES NO
 IS COUNCIL CHURCH SCHOOL BASED
 MEETS _____ DAY _____ TIME

"I herby certify and affirm that the information provided herein is true and accurate, to the best of my information and belief."

CHIEF COUNSELLOR _____
 Name Membership No.

FORWARD TO: Knights of Columbus
 Department of Membership Records
 1 Columbus Plaza
 New Haven, CT 06510-3326

COPIES TO: State Squires Chairman, Circle File