



KNIGHTS OF COLUMBUS

STATE SERVICE PROGRAM DIRECTORS AND CHAIRMEN

Date: _____

State/Province: _____

Please **TYPE** or **PRINT PLAINLY** all addresses and postal codes. Do **NOT** use nicknames for directors or chairmen. Give **FULL**, correct names. These individuals will be added to the Supreme Council mailing roster.

CHAPLAIN: _____

(Last Name) (Title) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

PROGRAM DIRECTOR: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

CHURCH DIRECTOR: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

VOCATIONS CHAIRMAN: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

ROUND TABLE CHAIRMAN: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

COMMUNITY DIRECTOR: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

PRO-LIFE CHAIR COUPLE: _____

(Last Name) (First Name/Husband) (First Name/Wife)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

HEALTH SERVICES CHAIRMAN: _____

(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

COUNCIL DIRECTOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

ATHLETIC EVENTS CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

PUBLIC RELATIONS CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

NEWSLETTER/BULLETIN EDITOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

AWARDS/REPORT FORMS CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

FAMILY DIRECTOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

YOUTH DIRECTOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

STATE SQUIRES CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____
(Street) (City) (Code)

Telephone: H:() _____ B:() _____ E-mail: _____

FREE THROW CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

MEMBERSHIP DIRECTOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

COUNCIL RETENTION CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

MEMBERSHIP RETENTION CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

INSURANCE PROMOTION CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

NEW COUNCIL DEVELOPMENT CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

CEREMONIALS DIRECTOR: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

MARIAN HOUR CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN: _____
(Last Name) (First Name) (Initial)

Membership Number: _____ Council Number: _____

Address: _____

Telephone: H:() _____ B:() _____ E-mail: _____
(Street) (City) (Code)

McGIVNEY GUILD CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

COUNCIL REACTIVATION CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

SUBSTANCE ABUSE POSTER CONTEST CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

CATHOLIC CITIZENS ESSAY CONTEST CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

SPECIAL OLYMPICS CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

SOCCER CHALLENGE CHAIRMAN: _____
(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
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(Last Name) (First Name) (Initial)
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(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____
(Street) (City) (Code)
Telephone: H:() _____ B:() _____ E-mail: _____

Please **type or print** all titles, names, addresses and postal codes for additional appointments on additional sheets of paper and attach.

Signed: _____
(State Deputy)