



Council # _____

DATE OF ELECTION _____

THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT.
OTHERWISE PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

**Due By:
JUNE 30**

COUNCIL ADDRESS (Meeting Location)

STREET		ADDITIONAL ADDRESS	
CITY		ST/PROV.	ZIP/POSTAL CODE

GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL:
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CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

LECTURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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COUNCIL MEETS _____

SIGNED F.S. _____

- THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
- 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.

SEND ORIGINAL TO: Membership Records (email: AddressChange@kofc.org)
SEND COPIES TO: State Deputy, District Deputy, Council File