



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: _____

Membership Number: _____ Council Number: _____

Address: _____

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

PROGRAM DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

CHURCH DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

VOCATIONS CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

ROUND TABLE CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

COMMUNITY DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

PRO-LIFE CHAIR COUPLE: _____

Membership Number: _____ Council Number: _____

Address: _____

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

HEALTH SERVICES CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

COUNCIL DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

ATHLETIC EVENTS CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

PUBLIC RELATIONS CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

NEWSLETTER/BULLETIN EDITOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

AWARDS/REPORT FORMS CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

FAMILY DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

YOUTH DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

STATE SQUIRES CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

FREE THROW CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

MEMBERSHIP DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

COUNCIL RETENTION CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

MEMBERSHIP RETENTION CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

INSURANCE PROMOTION CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

NEW COUNCIL DEVELOPMENT CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

CEREMONIALS DIRECTOR: _____

Membership Number: _____ Council Number: _____

Address: _____

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

MARIAN HOUR CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

McGIVNEY GUILD CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

COUNCIL REACTIVATION CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

SUBSTANCE ABUSE POSTER CONTEST CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

CATHOLIC CITIZENS ESSAY CONTEST CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

SPECIAL OLYMPICS CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

SOCCER CHALLENGE CHAIRMAN: _____

Membership Number: _____ Council Number: _____

Address: _____

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

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Membership Number: _____ Council Number: _____

Address: _____

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

() _____

Membership Number: _____ Council Number: _____

Address: _____

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)