



**KNIGHTS OF COLUMBUS
FATHER PRIOR FOR THE TERM
JULY 1, ____ TO JUNE 30, ____**



PLEASE PRINT — INDICATE MEMBERSHIP NUMBER

Jurisdiction _____ Council# _____ Assembly# _____ Circle# _____

Position: Columbian Squires Father Prior

# YEARS A YOUTH LEADER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
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TELEPHONE #	RESIDENCE	BUSINESS
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E-MAIL ADDRESS _____

Current address: STREET _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

For council/assembly use:

I hereby appoint the above applicant to serve as father prior in this council/assembly sponsored Squires circle for the term indicated.

_____ **Grand Knight/Faithful Navigator**

_____ **Date**

Once completed by grand knight or faithful navigator, forward this form to the Membership Records Department, Knights of Columbus, 1 Columbus Plaza, New Haven, CT 06510-3326.

4371-NC 2/03

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