



Knights of Columbus

British Columbia and Yukon State Council

STATE DIRECTORY INFORMATION FORM

Due June 15

The following information is required for the State Directory. Please complete and send to the State Secretary immediately after your circle elections. ***Please also use this form throughout the year to submit changes.***

CIRCLE INFORMATION:	Number: _____
Name: _____	Location/City: _____

GENERAL MEETING : 1st 2nd 3rd 4th Last week Sun Mon Tue Wed Thu Fri Sat

EXECUTIVE MEETING: 1st 2nd 3rd 4th Last week Sun Mon Tue Wed Thu Fri Sat

Chief Squire Information:

First Name: _____
 Uses as First Name: _____
 Last Name: _____
 Mailing Address: _____
 City: _____
 Postal Code: _____
 Phone (area code): _____
 Fax (area code): _____
 Email address: _____

Chief Counsellor Information:

First Name: _____
 Uses as First Name: _____
 Last Name: _____
 Mailing Address: _____
 City: _____
 Postal Code: _____
 Phone (area code): _____
 Fax (area code): _____
 Email address: _____
 Spouse First Name: _____

Father Prior Information:

First Name: _____
 Uses as First Name: _____
 Last Name: _____
 Mailing Address: _____
 City: _____
 Postal Code: _____
 Phone (area code): _____
 Fax (area code): _____
 Email address: _____
 Name of Parish: _____

Sponsoring Council/Assembly:

Number: _____
 Name: _____
 Location/City: _____

Please email or mail completed form to:

State Secretary Koon Ming Lau
2456 East 20th Avenue
Vancouver, BC V5M 2T6
mlaukofc@gmail.com