



Knights of Columbus
British Columbia and Yukon State Council

APPLICATION FOR OFFICIAL CREDENTIAL

COUNCIL INFORMATION

COUNCIL # _____ NAME _____

LOCATION / CITY: _____

NAME OF ACCREDITED DELEGATES (please type or print clearly)

FIRST DELEGATE' S NAME: _____

Indicate current position:

Grand Knight: _____ Past Grand Knight: _____ Other:(specify) _____

SECOND DELEGATE' S NAME: _____

Indicate current position:

Grand Knight: _____ Past Grand Knight: _____ Other:(specify) _____

NAME AND SIGNATURE OF CURRENT GRAND KNIGHT:

NAME: _____

SIGNATURE: _____

Due Date: As Soon As Possible

Please **type or print clearly** all requested information and return to:

Koon Ming Lau - State Secretary
2456 E. 20th Avenue
Vancouver, BC V5M 2T6

Tel: 604-433-5248
mlaukofc@gmail.com

“Missionary Spirit”