



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 assembly elections. **Please also use this form throughout the year to submit changes.**

ASSEMBLY 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

Faithful Navigator 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: _____

Faithful Comptroller 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: _____

Faithful Friar 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: _____

Squire Circle Information:

Does your Council sponsor a Circle? Yes No

Number: _____

Name: _____

Location/City: _____

Meeting Night: _____

Squirettes Circle Information:

Does your Council sponsor a Circle? Yes No

Number: _____

Name: _____

Location/City: _____

Meeting Night: _____

Please email or mail completed form to:
State Secretary Dale Hofer
2300 Teal Place
Vernon, BC, V1H 1R1
Email address: dalekofc@gmail.com