

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 Squirette 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 Dale Hofer
2300 Teal Place
Vernon, BC V1H 1R1
Email address: dalekofc@gmail.com