



# 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.***

<b>CIRCLE INFORMATION:</b>	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 Dale Hofer**  
**2300 Teal Place**  
**Vernon, BC V1H 1R1**  
**Email address: dalekofc@gmail.com**