



Council # \_\_\_\_\_

DATE OF ELECTION \_\_\_\_\_

THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT.  
OTHERWISE PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

**Due By:  
JUNE 30**

**COUNCIL ADDRESS** (Meeting Location)

<b>STREET</b>		<b>ADDITIONAL ADDRESS</b>	
<b>CITY</b>		<b>ST/PROV.</b>	<b>ZIP/POSTAL CODE</b>

<b>GRAND KNIGHT</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>

ADDRESS CHANGE

NEWLY ELECTED       RE-ELECTED

TELEPHONE AREA CODE      PHONE NO.      EMAIL:

<b>CHAPLAIN</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>DEPUTY GRAND KNIGHT</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>CHANCELLOR</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>RECORDER</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>TREASURER</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>LECTURER</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>ADVOCATE</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>WARDEN</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>STREET</b>		<b>CITY</b>	<b>STATE/PROVINCE</b>	<b>ZIP/POSTAL CODE</b>	

ADDRESS CHANGE

<b>INSIDE GUARD</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>OUTSIDE GUARD</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>TRUSTEE FOR ONE YEAR</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>TRUSTEE FOR TWO YEARS</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
<b>TRUSTEE FOR THREE YEARS</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>

COUNCIL MEETS \_\_\_\_\_

SIGNED F.S. \_\_\_\_\_

- THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
- APPOINTMENT OF FINANCIAL SECRETARY. (SECTION 128, LAWS AND RULES).  
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.

**SEND ORIGINAL TO:** Membership Records (email: AddressChange@kofc.org)  
**SEND COPIES TO:** State Deputy, District Deputy, Council File