



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

COUNCIL 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

Grand Knight 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: _____

Financial Secretary 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: _____

Council Chaplain 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: _____

Please email or mail completed form to:
State Secretary: Edgar Nacar
7175 Maureen Crescent
Burnaby, BC V5A 1H2
email: enacarkofc@gmail.com