



Knights of Columbus

British Columbia and Yukon State Council

STATE DIRECTORY INFORMATION FOR FIELD AGENTS

*The following information is required for the State Directory:
Please complete and forward to the State Secretary. **PLEASE PRINT OR TYPE.***

FIELD AGENTS

Assigned Area: _____
First Name _____
Uses as First Name _____
Last Name _____
Mailing Address _____
City _____
Postal Code _____
Phone (____) _____
Other Phone (____) _____
Fax: (____) _____
E-mail _____
Spouse First Name _____
Services Council (s) _____

Assigned Area: _____
First Name _____
Uses as First Name _____
Last Name _____
Mailing Address _____
City _____
Postal Code _____
Phone (____) _____
Other Phone (____) _____
Fax (____) _____
E-mail _____
Spouse First Name _____
Services Council (s) _____

Assigned Area: _____
First Name _____
Uses as First Name _____
Last Name _____
Mailing Address _____
City _____
Postal Code _____
Phone (____) _____
Other Phone (____) _____
Fax: (____) _____
E-mail _____
Spouse First Name _____
Services Council (s) _____

Assigned Area: _____
First Name _____
Uses as First Name _____
Last Name _____
Mailing Address _____
City _____
Postal Code _____
Phone (____) _____
Other Phone (____) _____
Fax (____) _____
E-mail _____
Spouse First Name _____
Services Council (s) _____

