

Report of Officers Chosen for the Term July 1, 20██ to June 30, 20██

DUE BY: JUNE 30

Council # _____

Date of Election: _____

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

COUNCIL ADDRESS (Meeting Location)

| | | | | | |
|---------------|--|-----------------|---------------------------|--|--|
| STREET | | | ADDITIONAL ADDRESS | | |
| CITY | | ST/PROV. | ZIP/POSTAL CODE | | |

| GRAND KNIGHT | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | |
|--------------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| | | | | |
|--|-------------------------------------|------------------------|-----------|--------|
| <input type="checkbox"/> NEWLY ELECTED | <input type="checkbox"/> RE-ELECTED | TELEPHONE AREA CODE | PHONE NO. | EMAIL: |
|--|-------------------------------------|------------------------|-----------|--------|

| CHAPLAIN | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|----------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| DEPUTY GRAND KNIGHT | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|------------------------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| CHANCELLOR | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|------------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| RECORDER | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|----------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| TREASURER | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|-----------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| LECTURER | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|----------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| ADVOCATE | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|----------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| WARDEN | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|--------|----------------|-----------|------------|----------------|-----------------|
| | | STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE |

ADDRESS CHANGE

| INSIDE GUARD | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|--------------|----------------|-----------|------------|---------|-------|
| | | | | | |

| OUTSIDE GUARD | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|---------------|----------------|-----------|------------|---------|-------|
| | | | | | |

| TRUSTEE FOR ONE YEAR | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|-------------------------|----------------|-----------|------------|---------|-------|
| | | | | | |

| TRUSTEE FOR TWO YEARS | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|--------------------------|----------------|-----------|------------|---------|-------|
| | | | | | |

| TRUSTEE FOR THREE YEARS | MEMBERSHIP NO. | LAST NAME | FIRST NAME | INITIAL | EMAIL |
|----------------------------|----------------|-----------|------------|---------|-------|
| | | | | | |



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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