

Officers and Delegates 20 ___ to 20 ___

The Financial Secretary of the Council will fill out and forward to State Secretary
 470 Washington Street, Suite 6 Norwood, MA 02062
 (781) 551-0628 fax (781) 551-0490

Date Received:
District Deputy:
FOR OFFICE INFORMATION ONLY DO NOT FILL IN

Name of Council _____ Council Number _____

Meeting Days _____

Place of Meeting _____ Telephone Number _____

Please PRINT of TYPE Full Name, Address, Zip Code and Telephone Number

	Name	Address	Zip	Telephone No.
Grand Knight				
GK's wife's 1st name		Email Address (if applicable)		
Deputy Grand Knight				
Financial Secretary				
Recorder				
Treasurer				
Chancellor				
Warden				
Inside Guard				
Outside Guard				
Advocate				
Chaplain				
Lecturer				
Trustee 1 year				
Trustee 2 year				
Trustee 3 year				

DELEGATES and ALTERNATES

DELEGATES MUST CONSIST OF GRAND KNIGHT ELECT AND A PAST GRAND KNIGHT

Grand Knight Elect _____

Address _____

Past Grand Knight _____

Address _____

Alternates:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____