



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

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	<b>TELEPHONE AREA CODE</b>	<b>PHONE NO.</b>	<b>EMAIL:</b>
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<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>
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<b>OUTSIDE GUARD</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
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<b>TRUSTEE FOR ONE YEAR</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
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<b>TRUSTEE FOR TWO YEARS</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
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<b>TRUSTEE FOR THREE YEARS</b>	<b>MEMBERSHIP NO.</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	<b>EMAIL</b>
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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