



KNIGHTS OF COLUMBUS

REPORT OF ASSEMBLY OFFICERS CHOSEN FOR THE TERM

July 1, _____ TO June 30,

DATE OF ELECTION _____

LOCATION	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
FAITHFUL NAVIGATOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL COMPROLLER	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL FRIAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL CAPTAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL ADMIRAL	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL PURSER	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL PILOT	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
FAITHFUL SCRIBE	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.	EMAIL ADDRESS:	
INNER SENTINEL	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
OUTER SENTINEL	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
ONE YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
TWO YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
THREE YEAR TRUSTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
ASSEMBLY COMMANDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
EMAIL ADDRESS:			

ASSEMBLY MEETS:

IMPORTANT INSTRUCTIONS

Faithful Comptroller (Name)

(Membership Number)

NO MEMBER SHALL BE ELIGIBLE TO HOLD OFFICE IN AN ASSEMBLY UNLESS HE IS IN GOOD STANDING AND PAYS HIS DUES BOTH IN THE COUNCIL AND IN THE ASSEMBLY. FORWARD COMPLETED COPY OF THIS REPORT IMMEDIATELY FOLLOWING THE ELECTION AT THE FIRST REGULAR MEETING IN JUNE. THIS REPORT IS ESSENTIAL FOR THE TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.

This form is intended for submission through regular mail.

SUBMIT TO: Supreme Secretary

FAX - (203) 752-4113
E-MAIL - membershiprecords@kofc.org

COPIES TO: State Deputy, Vice Supreme Master, Master, Assembly File