

| <b>Council Officers and D</b>  | elegates for the Fraternal             | Year                                     |     |      |
|--------------------------------|--|--|-----|------|
| The Financial Secretary of the | Council MUST FULLY COMP                | LETE and submit to the State Secretary   |     |      |
| 470 Washington St. Suite       | e 6 Norwood, MA 02062                  |  |     |      |
| 781-551-0628 fax 781-55        | 51-0490 state.office@massl             | kofc.org                                 |     |      |
|                                |  |  |     |      |
| Name of Council                |  | Council Number                           |     |      |
|                                |  |  |     |      |
| Meeting Days                   | Place                                  | of Meeting                               |     |      |
|                                |  |  |     |      |
| Please PRINT or TYPE legib     | <u>ly</u> Full name, Address, Zip Code | and Telephone #, all fields are required |     |      |
| Position                       | Name                                   | Address                                  | Zip | Tel# |
| Grand Knight                   |  |  |     |      |
| Grand Knight email             |  |  |     |      |
| Financial Secretary            |  |  |     |      |
| Financial Secretary email      |  |  |     |      |
| Chaplain                       |  |  |     |      |
| Chaplain email                 |  |  |     |      |
|                                |  |  |     |      |

## FORM IS DUE TO THE STATE OFFICE BY JUNE

| Click Here to Email to State Office | F' '10              |  |
|-------------------------------------|---------------------|--|
|                                     | Financial Secretary |  |