



NOTICE OF ELECTION OF STATE COUNCIL OFFICERS FOR 2007-2008



This is to certify that pursuant to the laws of the Order, the following Officers were duly elected at a meeting of the \_\_\_\_\_ State Council held in \_\_\_\_\_ (city). The date of the election was \_\_\_\_\_.

STATE DEPUTY: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

STATE SECRETARY: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

STATE TREASURER: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

STATE ADVOCATE: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

STATE WARDEN: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

HOME OFFICE USE ONLY

The last living Past State Deputy actually residing in the jurisdiction as of July 1, 2007:

IPSD NAME: \_\_\_\_\_ Membership # \_\_\_\_\_ Council # \_\_\_\_\_

The 2008 State Council Meeting will be held starting On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City of \_\_\_\_\_ Hotel \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

ATTEST: \_\_\_\_\_ State Deputy (2006-2007) Signature Date \_\_\_\_\_ State Secretary (2006-2007) Signature Date

# Supreme Council Representatives

Section 4 of the Charter, Constitution and Laws of the Knights of Columbus states in part, that “The Supreme Council shall be composed of the following members, all of whom must be in good standing:”

“The State Deputy and the last living Past State Deputy of each State Council who is actually residing in the state or Jurisdiction.”

“One representative from each State Council for the first two thousand insurance members, and one representative for the first two thousand associate members, and one representative for each additional two thousand insurance members or major part thereof and one representative for each additional two thousand associate members or major part thereof represented in said State Council as shall appear from the records of the Supreme Secretary. However, any state council having an insurance membership of more than 50% of its total membership will be given credit for any excess insurance members over the minimum number necessary to achieve its last insurance delegate. This excess amount of insurance membership will then be applied toward an additional associate member delegate pursuant to the requirements of this section. But no State Council shall be entitled to more than eight elected representatives to the Supreme Council.”

Refer to Section 4(b) and (c) of the Charter, Constitution and Laws for assistance in determining the election of Alternates and the filling of vacancies created when an elected representative can not attend the Supreme Council Meeting.

## State Deputy for the Fraternal Year 2007-2008

As listed on first page: \_\_\_\_\_

## The last living Past State Deputy actually residing in the jurisdiction as of July 1, 2007

As listed on first page: \_\_\_\_\_

### Representatives for Insurance Membership – *Must be Insurance Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Representatives for Associate Membership – *May be either Insurance or Associate Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Alternates for Insurance Representatives – *Must be Insurance Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Alternates for Associate Representatives – *May be either Insurance or Associate Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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USE ONLY