



## KNIGHTS OF COLUMBUS STATE SERVICE PROGRAM DIRECTORS AND CHAIRMEN



Date: \_\_\_\_\_

State/Province: \_\_\_\_\_

Please **TYPE or PRINT PLAINLY** all addresses and postal codes. Do **NOT** use nicknames for directors or chairmen. Give **FULL**, correct names. These individuals will be added to the Supreme Council mailing roster.

**CHAPLAIN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHURCH DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**VOCATIONS CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ROUND TABLE CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMMUNITY DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PRO-LIFE CHAIR COUPLE:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**HEALTH SERVICES CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:(     ) \_\_\_\_\_ B:(     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ATHLETIC EVENTS CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PUBLIC RELATIONS CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**NEWSLETTER/BULLETIN EDITOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**AWARDS/REPORT FORMS CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**FAMILY DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**YOUTH DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**STATE SQUIRES CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**FREE THROW CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEMBERSHIP DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL RETENTION CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEMBERSHIP RETENTION CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**INSURANCE PROMOTION CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**NEW COUNCIL DEVELOPMENT CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**CEREMONIALS DIRECTOR:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**MARIAN HOUR CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**McGIVNEY GUILD CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL REACTIVATION CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SUBSTANCE ABUSE POSTER CONTEST CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**CATHOLIC CITIZENS ESSAY CONTEST CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SPECIAL OLYMPICS CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SOCCER CHALLENGE CHAIRMAN:** \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

( )  \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

( )  \_\_\_\_\_

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H:( ) \_\_\_\_\_ B:( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please **type or print** all titles, names, addresses and postal codes for additional appointments on additional sheets of paper and attach.

Signed: \_\_\_\_\_

(State Deputy)