



# 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:** \_\_\_\_\_  
(Last Name) (Title) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**PROGRAM DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**FAITH DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**COMMUNITY DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**LIFE DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name/Husband) (First Name/Wife)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**FAMILY DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**YOUTH DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**AWARDS/REPORT FORMS DIRECTOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)

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

Address: \_\_\_\_\_  
(Street) (City) (Code)

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

**MEMBERSHIP DIRECTOR:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEMBERSHIP RETENTION CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL RETENTION CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL REACTIVATION CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**NEW COUNCIL DEVELOPMENT CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ONLINE MEMBERSHIP CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**HISPANIC COUNCIL GROWTH COORDINATOR:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**CEREMONIALS DIRECTOR:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**INSURANCE PROMOTION CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**YOUNG ADULT OUTREACH CHAIRMAN:**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)  
Telephone: H:(\_\_\_\_\_) \_\_\_\_\_ B:(\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ROUND TABLE CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**VOCATIONS CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**PUBLIC RELATIONS CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**SPECIAL OLYMPICS CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**ATHLETIC EVENTS CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**FREE THROW CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**SOCCER CHALLENGE CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**STATE SQUIRES CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**MARIAN HOUR CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**McGIVNEY GUILD CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**SILVER ROSE CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**HEALTH SERVICES CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**NEWSLETTER/BULLETIN EDITOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**DISASTER RESPONSE COORDINATOR:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

**CATHOLIC CITIZENSHIP ESSAY CONTEST CHAIRMAN:** \_\_\_\_\_  
(Last Name) (First Name) (Initial)  
Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (Code)  
Telephone: H:(\_\_\_\_\_) B:(\_\_\_\_\_) E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_  
(State Deputy)

**For additional roles specific to the following categories, please type or print all names, emails, addresses and postal codes for appointments on a separate sheet of paper and attach to this form:**

- **Program Committee (41 additional maximum)**
- **Membership Committee (42 additional maximum)**
- **Online Membership Coordinator (10 additional maximum)**