



JULY 1, 20__ TO JUNE 30, 20__

Council # _____

DATE OF ELECTION _____

PLEASE PRINT — INDICATE MEMBERSHIP NUMBERS

Due By:
JUNE 30, 20__

COUNCIL ADDRESS (Meeting Location)

STREET			ADDITIONAL ADDRESS		
CITY		ST	POSTAL		
GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL:	
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

CHANCELLOR	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

RECORDER	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

TREASURER	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

ADVOCATE	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

WARDEN	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

☐ ADDRESS CHANGE

INSIDE GUARD	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME		FIRST NAME	INITIAL
STREET		CITY		STATE/PROVINCE	ZIP/POSTAL CODE

COUNCIL MEETS _____

SIGNED F.S. _____

- THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
- APPOINTMENT OF FINANCIAL SECRETARY. (SECTION 128, LAWS AND RULES).
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.

MAIL ORIGINAL TO: Supreme Secretary

MAIL COPIES TO: State Deputy, District Deputy, Council File