



# KNIGHTS OF COLUMBUS

## REPORT OF ASSEMBLY OFFICERS CHOSEN FOR THE TERM

July 1, TO June 30,

DATE OF ELECTION \_\_\_\_\_

LOCATION	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<b>FAITHFUL NAVIGATOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL COMPROLLER</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL FRIAR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL CAPTAIN</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL ADMIRAL</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL PURSER</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL PILOT</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>FAITHFUL SCRIBE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE			
<input type="checkbox"/> ADDRESS CHANGE			
TELEPHONE AREA CODE	PHONE NO.		
<b>INNER SENTINEL</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
<b>OUTER SENTINEL</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
<b>ONE YEAR TRUSTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
<b>TWO YEAR TRUSTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	
<b>THREE YEAR TRUSTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME
	INITIAL	COUNCIL NO.	

ASSEMBLY MEETS:

**IMPORTANT INSTRUCTIONS**

Faithful Comptroller (Name)

(Membership Number)

NO MEMBER SHALL BE ELIGIBLE TO HOLD OFFICE IN AN ASSEMBLY UNLESS HE IS IN GOOD STANDING AND PAYS HIS DUES BOTH IN THE COUNCIL AND IN THE ASSEMBLY. FORWARD COMPLETED COPY OF THIS REPORT IMMEDIATELY FOLLOWING THE ELECTION AT THE FIRST REGULAR MEETING IN JUNE. THIS REPORT IS ESSENTIAL FOR THE TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.

SUBMIT TO: Supreme Secretary

COPIES TO: State Deputy, Vice Supreme Master, Master, Assembly File

**This form is intended for submission through regular mail.**

FAX - (203) 752-4113

E-MAIL - [membershprecords@kofc.org](mailto:membershprecords@kofc.org)