

**KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
COLUMBIAN YEAR _____ - _____ INFORMATION SHEET**

District No. _____ **Council No.** _____ **Council Name:** _____

Membership No. _____ Salutation (for Priests): _____

First Name: _____ Spouse: _____

Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

MARK ALL POSITIONS FOR INCOMING COLUMBIAN YEAR ONLY:

Council No. _____ GK ___ FS ___ Chaplain ___

District No. _____ DD ___ DW ___

Assembly No. _____ FN ___ FC ___ Friar ___ CCC ___

Chapter Name: _____

President ___	VP ___	Chaplain ___	Secretary ___	Ceremonials ___	Program ___
Membership ___	Retention ___	NCD ___	Squires ___	Free Throw ___	Essay/Poster ___
Round Table ___	Pro Life ___	MR ___	Charities ___	Retirement H ___	Properties ___

State Council: SD ___ SS ___ ST ___ SA ___ SW ___ IPSD ___ PSD ___

Committee _____

Director	___
Asst. Dir	___
Chairman	___
Asst. Chairman	___
Committeeman	___

Other Position Held: _____

**TO ENSURE CORRECT DATA IN OUR DATABASE AS WELL AS THE STATE DIRECTORY,
IT IS IMPERATIVE THAT THIS FORM IS FILLED OUT IN ITS ENTIRETY.
THE INFORMATION PRINTED IN THE DIRECTORY WILL BE AS REPORTED.**