

Councils must have this form completed and sent to Manitoba State Office by June 30.

MANITOBA STATE COUNCIL - ROSTER INFORMATION

Council Number _____ Council Name _____

Council e-mail address (if applicable) _____

Parish(es) served _____

Area of City/Town(s) _____

Please Print Clearly!

Grand Knight

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

E-mail _____

Financial Secretary

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

E-mail _____

Chaplain

Name _____ Spouse (if applicable) _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

E-mail _____

Meeting Information; (Day, Week, Time and Place)

Thank you for completing this form. Please ensure that the Manitoba state office is informed if there are updates during the year.

Date _____

Signature _____

Title _____