

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

MANITOBA STATE COUNCIL - ROSTER INFORMATION

Council Number _____ Council Name _____

Parish(es) served _____

Area of City/Town(s) _____

Please Print Clearly!

Grand Knight

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

Personal E-mail _____

Financial Secretary

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

Personal E-mail _____

Chaplain

Name _____ Spouse (if applicable) _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

Parish or Personal 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 _____

Completed by _____

Title _____

This is the first of two pages. Please continue filling out the second page.

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MANITOBA STATE COUNCIL - ROSTER INFORMATION

Council Number _____ Council Name _____

Please Print Clearly!

ICCD Chairman - REQUIRED

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

Personal E-mail _____

Ceremonials Chairman - REQUIRED

Name _____ Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone: Home _____ Cell _____

Personal E-mail _____

Thank you for completing both pages of this form.

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Date _____

Completed by _____

Title _____