

Council Directory Information

Report Date* _____
Month / Day / Year

District* _____

* Required to Submit

All Council information same as last year

Council Number* _____ Council Name _____

Meeting Address _____ City _____ Zip _____

Council Phone _____ Meeting(s) Time _____

Meeting Day(s) _____
1st 2nd

Grand Knight

All Grand Knight information same as last year

Name _____ Wife _____

Membership Number _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Financial Secretary

All Financial Secretary information same as last year

Name _____ Wife _____

Membership Number _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

All Parish information same as last year

Primary Parish _____ City _____

Additional Parishes you Serve - Please indicate established Round Tables

Please fill this form out the night of your council elections and submit as soon as possible.
The State Office needs this information ASAP and no later than June 15.
You have two options to return the Council Directory Form:

Preferred method - (1) Save completed form to your computer.
Attach and Email To: StateOffice@mikofc.org

**(2) Mail to: Michigan State Council
6025 Wall Street
Sterling Heights, Michigan 48312**

Special Note: The information on this form will only be utilized by the Michigan State Council Knights of Columbus. It will not be sold or disseminated to any other organization. It will be posted on our secure website in a location that requires an authorized user to sign in and supply appropriate credentials.