

Michigan State Council Knights of Columbus

Council Number

Name of Council

We, the Grand Knight and Financial Secretary of the above-named Council do hereby certify that at a meeting of this Council held on: _____
month / day/ year

The following named brothers were elected as Delegates and Alternates to represent this Council at the next State Convention of the Michigan State Council Knights of Columbus.

1st Delegate:

Full Name

Membership Number

Address

City

State

Zip

Cell: _____ Email: _____ @ _____

2nd Delegate:

Full Name

Membership Number

Address

City

State

Zip

Cell: _____ Email: _____ @ _____

1st Alternate:

Full Name

Membership Number

Address

City

State

Zip

Cell: _____ Email: _____ @ _____

2nd Alternate:

Full Name

Membership Number

Address

City

State

Zip

Cell: _____ Email: _____ @ _____

The Date the Form 4 was submitted to
the State Office

_____ month / day/ year

Grand Knight

Financial Secretary

**Please fill out this form the night of your Delegates' election and submit as soon as possible .
The State Office needs this information ASAP and no later than March 15th.
You have two options to return the convention Form 4:**

(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**

**Any changes of delegates or alternates please contact
the State Office immediately at 586-883-9456**