

2017-20178 DIRECTORY INFORMATION
SHEET **Due: July 7, 2017**



Instructions

1. Download Form
2. Rename Form "2017 District XX" (your district number)
3. Complete Form and Save it to your computer
4. Email saved form to forms@wikofc.com
5. Include in subject line "2017 Directory District XX" (your district number)
6. If unable to email; mail completed form to:

Wisconsin State Council
Knights of Columbus
Attn: 2016 Directory
4297 West Beltline Highway
Madison, WI 53711

District Nr:

District Deputy Name:

Council #:

Wife: First Name Last Name

Address: Street ZIP: Apartment #

City: Home Phone: Cell Phone:

Email:

District Warden Name:

Council #:

Wife: First Name Last Name

Address: Apartment #

City: ZIP:

Home Phone: Cell Phone:

Email:

2016-2017 DIRECTORY INFORMATION
SHEET Due: July 7 2017

#1 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:

#2 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:

2016-2017 DIRECTORY INFORMATION SHEET
Due July 10, 2017

#3 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:

#4 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:

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#5 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:

#6 Council Nr: Name: Meeting Day/Time:

- **Chaplain:**
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Grand Knight:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email:
- **Financial Secretary:** Wife:
Address: City: ZIP:
Home Phone: Cell Phone:
Email: