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 #: First Name Last Name Wife: Address: Street Apartment # ZIP: City: Home Phone: Cell Phone: Email: **District Warden Name:** Council #: First Name Last Name Wife: 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 Secre	etary:	Wife:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
#2 Council Nr: • Chaplain:	Name:	Meeting Day/Time:	
	Name:	Meeting Day/Time: City:	ZIP:
• Chaplain: Address: Home Phone:	Name: Cell Phone:		ZIP:
• Chaplain: Address: Home Phone: Email:	Cell Phone:	City:	
• Chaplain: Address: Home Phone: Email:	Cell Phone:	City: Wife:	
 Chaplain: Address: Home Phone: Email: Grand Knight: 	Cell Phone:	City:	
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: 	Cell Phone:	City: Wife:	
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: 	Cell Phone:	City: Wife:	ZIP:
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: 	Cell Phone:	City: Wife:	ZIP:
 Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: Financial Secret 	Cell Phone:	City: Wife: City:	ZIP:

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:			
Dillaii.			
	Name:	Meeting Day/Time:	
#4 Council Nr: • Chaplain:	Name:	Meeting Day/Time:	
#4 Council Nr:	Name:	Meeting Day/Time: City:	ZIP:
#4 Council Nr: • Chaplain:	Name: Cell Phone:		ZIP:
#4 Council Nr: • Chaplain: Address:			ZIP:
#4 Council Nr: • Chaplain: Address: Home Phone:			
#4 Council Nr: • Chaplain: Address: Home Phone: Email:		City:	
#4 Council Nr: • Chaplain: Address: Home Phone: Email: • Grand Knight:		City:	:
#4 Council Nr: • Chaplain: Address: Home Phone: Email: • Grand Knight: Address:	Cell Phone:	City:	:
#4 Council Nr: • Chaplain: Address: Home Phone: Email: • Grand Knight: Address: Home Phone:	Cell Phone:	City:	: ZIP:
#4 Council Nr: • Chaplain: Address: Home Phone: Email: • Grand Knight: Address: Home Phone: Email:	Cell Phone:	City: Wife City:	: ZIP:
#4 Council Nr: Chaplain: Address: Home Phone: Email: Grand Knight: Address: Home Phone: Email: Financial Secretary	Cell Phone:	City: Wife City:	: ZIP:

2016-2017 DIRECTORY INFORMATION SHEET Due July 10, 2017

# 5 C	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 C	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:		