

2018-2019 DIRECTORY INFORMATION
SHEET **Due: July 7, 2018**



Instructions

1. Download Form
2. Rename Form "2018 Area Assy XX" (your Assembly number)
3. Complete Form and Save it to your computer
4. Email saved form to forms@wikofc.com
5. Include in subject line "2018 Directory Area XX" (your assembly number)
6. If unable to email; mail completed form to:

Wisconsin State Council
Knights of Columbus
Attn:2018 Directory
4297 West Beltline
Highway Madison, WI
53711

Area Nr:

Area Coord. Name:

Council #:

Wife: First Name Last Name

Address: Street ZIP: Apartment #

City:

Home Phone: Cell Phone:

Email:

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#1 Assembly Nr:	Name:	Meeting Day/Time:	
• Friar:		Council #:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• FN:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• FC:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			

#2 Assembly Nr:	Name:	Meeting Day/Time:	
• Friar:		Council #:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• FN:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
• FC:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			

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#3 Assembly Nr:	Name:	Meeting Day/Time:	
<ul style="list-style-type: none">Friar:		Council #:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
<ul style="list-style-type: none">FN:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
<ul style="list-style-type: none">FC:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			

#4 Assembly Nr:	Name:	Meeting Day/Time:	
<ul style="list-style-type: none">Friar:		Council #:	
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
<ul style="list-style-type: none">FN:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			
<ul style="list-style-type: none">FC:		Wife:	Council #:
Address:		City:	ZIP:
Home Phone:	Cell Phone:		
Email:			