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

Apartment #

Area Nr:					
Area Coord. Name:			Council #:		
Wife:	First Name	Last Name			
Address:					

City: Street ZIP:

Home Phone: Cell Phone:

Email:

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

#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:			

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

#3 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:			
#4 Assembly Nr:	Name:	Meeting Day/Time:	
#4 Assembly Nr: • Friar:	Name:		
-	Name:	Meeting Day/Time: Council #: City:	ZIP:
• Friar:	Name: Cell Phone:	Council #:	ZIP:
• Friar: Address:		Council #:	ZIP:
• Friar: Address: Home Phone:		Council #:	
• Friar: Address: Home Phone: Email:		Council #: City:	ZIP: Council #: ZIP:
Friar: Address: Home Phone: Email:FN:		Council #: City: Wife:	Council #:
 Friar: Address: Home Phone: Email: FN: Address: 	Cell Phone:	Council #: City: Wife:	Council #:
 Friar: Address: Home Phone: Email: FN: Address: Home Phone: 	Cell Phone:	Council #: City: Wife:	Council #:
 Friar: Address: Home Phone: Email: FN: Address: Home Phone: Email: 	Cell Phone:	Council #: City: Wife: City:	Council #: ZIP:
 Friar: Address: Home Phone: Email: FN: Address: Home Phone: Email: FC: 	Cell Phone:	Council #: City: Wife: City:	Council #: ZIP: Council #: