2019-2020 DIRECTORY INFORMATION SHEET Due: June 15, 2019



Instructions

- 1. Download Form
- 2. Rename Form "2019 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 "2019 Directory Area XX" (your assembly number)
- If unable to email; mail completed form to: Wisconsin State Council

Knights of Columbus Attn:2019 Directory

4297 West Beltline Highway Madison, WI 53711

Area Nr:

Area Coord. Na	me:			Council #:
Wife:	Firs	st Name	Last Name	
Address:				
City:	Street	ZIP:	Apartment #	
Home Phone:		Cell Ph	one:	
Email:				

2018-2019 DIRECTORY INFORMATION SHEET <u>Due: June 15, 2019</u>

#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:	Name:	Meeting Day/Time: Council #:	
• Friar: Address:	Name:		ZIP:
• Friar:	Name: Cell Phone:	Council #:	ZIP:
• Friar: Address:		Council #:	ZIP:
• Friar: Address: Home Phone:		Council #:	ZIP: Council #:
• Friar: Address: Home Phone: Email:		Council #: City:	
 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: Wife:	Council #: ZIP: Council #:

2018-2019 DIRECTORY INFORMATION SHEET <u>Due: June 15, 2019</u>

#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 #:	ZIP: Council #:
• Friar: Address: Home Phone: Email:		Council #: City:	
 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: Wife:	Council #: ZIP: Council #: