



Knights of Columbus

Oregon State Council

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The following information is required for the State Directory. Please complete and send, e-mail, or FAX to me immediately after your Council or Assembly elections. Also, please use this form for any address changes.

PLEASE PRINT OR TYPE

Council Information:

Number _____.

Name _____.

Location/City _____.

General Mtg Night e.g. 2nd Tuesday

(circle)

1st, 2nd, 3rd, 4th Sun Mon Tues Wed Thu Fri Sat

Time...

Executive Mtg Night

(circle)

1st, 2nd, 3rd, 4th Sun Mon Tues Wed Thu Fri Sat

Time...

Grand Knight, Faithful Navigator:

(circle)

1st Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Wife's 1st Name: _____

Last Name: _____

Financial Secretary, Faithful Comptroller:

(circle)

1st Name: _____

Last Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Wife's 1st Name: _____

Last Name: _____

