



Council # _____

July 1, 2010 to June 30, 2011

DATE OF ELECTION _____

**Due By:
JUNE 30**

COUNCIL ADDRESS (Meeting Location)

STREET	ADDITIONAL ADDRESS
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CITY	ST	POSTAL	
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GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL:
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DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIA	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
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ADDRESS CHANGE

INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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COUNCIL MEETS _____

Financial Secretary (Name) _____

Member No. _____

IMPORTANT NOTICE:

1. THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
2. APPOINTMENT OF FINANCIAL SECRETARY: (SECTION 128, LAWS AND RULES).
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.
3. A MEMBER MAY NOT QUALIFY FOR NOR BE INSTALLED IN A COUNCIL OFFICE UNLESS HIS DUES ARE PAID TO THE END OF THE PREVIOUS QUARTER. FAILURE TO KEEP HIS DUES PAID AS REQUIRED BY LAW WOULD MAKE HIM INELIGIBLE TO CONTINUE IN THE OFFICE. AN INSURANCE MEMBER RECORDED AS AN AUTOMATIC LOAN CASE IS NOT ELIGIBLE TO SERVE AS A COUNCIL OFFICER UNLESS THE MEMBER PAYS HIS COUNCIL DUES.

Forwarding Instructions: 1) Enter the e-mail addresses you have available (State Deputy, District Deputy and Yourself). Leave the line blank if you are unsure of the correct e-mail address.

2) Including your e-mail address allows you to forward your electronic copy to any e-mail recipient at a later date.

3) Print a copy of the form so that you can mail a copy to those who do not have e-mail addresses.

4) Click the "Submit" button to send the completed form to the Supreme Council and to each e-mail address provided.

State Deputy (State Council) _____
District Deputy _____
Yourself (Council Copy) _____