

MANITOBA STATE COUNCIL - ROSTER INFORMATION

Attach to Report of Officers (form 185) and return to Manitoba State Office

Council Number _____ Council Name _____
Council e-mail address (if applicable) _____

Parish(es) served _____

Area of City/Town(s) _____

Please Print Clearly!

Grand Knight Same as last year Same as last year with the following changes New GK

Name _____

Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone h _____ c _____ E-mail _____

Financial Secretary Same as last year Same as last year with the following changes New FS

Name _____

Spouse _____

Address _____ City/town _____

Postal Code _____ Telephone h _____ c _____ E-mail _____

Chaplain Same as last year Same as last year with the following changes New Ch

Name _____

Spouse (if applicable) _____

Address _____ City/town _____

Postal Code _____ Telephone h _____ c _____ E-mail _____

Meeting Information Same as last year New meeting day

Please double check last year's Roster and this completed form for errors and omissions.

Date _____

Thank you!

Signature _____