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Council Officers (Form SO-185)

Council #	District #	Location	
Council Name			Date

Grand Knight			
First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		Membership #	

Financial Secretary			
First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		Membership #	

Chaplain			
First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		Membership #	

Membership Director			
First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		Membership #	

STEPS

1. Download the form
2. Open the form with Adobe Acrobat
3. Fill up the form and SAVE it to your desktop
4. E-mail the form to stateoffice@ontariokofc.ca or PRINT the form and send it to the State Office