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## Assembly Officers (Form SO-186)

Assembly #	District #	Location	
Ass. Name			Date

### Faithful Navigator

First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		<b>Membership #</b>	

### Faithful Comptroller

First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		<b>Membership #</b>	

### Faithful Friar

First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		<b>Membership #</b>	

### Faithful Membership Director

First Name		Last Name	
Address		City	
Postal Code	Tel. (Home)		Tel. (Bus)
E-mail		<b>Membership #</b>	

#### 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