

SO-17 OFFICIAL NOMINATION FORM SUPREME COUNCIL DELEGATE & ALTERNATE



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Region No:

Delegate

Name	<input type="text"/>	Wife's Name	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Council Number	<input type="text"/>		
Membership No.	<input type="text"/>		
Membership Category	<input type="checkbox"/> Insurance	<input type="checkbox"/> Associate	

Alternate

Name	<input type="text"/>	Wife's Name	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Council Number	<input type="text"/>		
Membership No.	<input type="text"/>		
Membership Category	<input type="checkbox"/> Insurance	<input type="checkbox"/> Associate	

NOTE: SUPREME DELEGATE MUST BE A MEMBER IN GOOD STANDING AS VERIFIED BY THE RECORDS OF THE FINANCIAL SECRETARY FOR THIS COUNCIL. EVIDENCE OF THIS IS A PAID-UP TRAVELLING CARD AS OF SEPTEMBER 30TH OF THE CURRENT YEAR.

State Deputy

State Advocate