SO-10 DISTRICT DEPUTY NOMINATION FORM

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District Number			Counc	il Number						Membershi	p Number	
DD Name						Date of	of Bir	th		Spous	e's Name	
DD Address										7	Telephone	
	If re-ap	ppointed, wil	ll serve?	Yes	No				Requ	uest replacer	ment? Yes	No
l am pleased	to su	bmit the fo	ollowin	g names	of Brothe	ers whon	n I c	onsid	ler suita	able candid	dates for the	position:
Candidate 1	Name								Spo	use's Name		
A	ddress											
Tele	ephone		L	anguage	English	French		Date	of Birth		Council No.	
Membersh	nip No.			Own Trai	nsportation	Yes	No		Presen	t Position he	ld	
No. of years in	K of C		Ot	fices Held				Occ	upation			
Candidate 2	Name								Spo	use's Name		
	.ddress								(5:4)			
	ephone			anguage	_	French		Date	of Birth		Council No.	
Members	-				nsportation	Yes	No	_		t Position he	eld	
No. of years in			O	ffices Held				Occ	upation			
Other Com	ments											
Candidate 3	Name								Spo	use's Name		
А	ddress											
Tele	ephone		L	anguage	English	French		Date	of Birth		Council No.	
Members	hip No.			Own Tra	nsportation	Yes	No		Presen	t Position he	ld	
No. of years in	K of C		0	ffices Held				Occ	upation			
Other Com	ments											

NOTE: All new appointees, reappointees and retiring District deputies will be advised by letter no later than June 1. Your co-operation, promptness and discretion in these matters will be appreciated by all concerned.