

**PLEASE PROVIDE GRAND KNIGHT AND FINANCIAL SECRETARY
INFORMATION FOR THE CHAPTER DIRECTORY**

COUNCIL NAME _____

COUNCIL NUMBER _____

GRAND KNIGHT

NAME: _____

ADDRESS: _____

CITY _____ **ZIP** _____

PRIMARY PHONE _____

SECONDARY PHONE: _____

EMAIL: _____

FINANCIAL SECRETARY

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP** _____

PRIMARY PHONE: _____

SECONDARY PHONE _____

EMAIL: _____

RETURN COMPLETED FORM TO CHAPTER SECRETARY