

IN-FORM1

Due: June 15



Knights of Columbus

Indiana State Council

Fraternal Year 20____ – 20____

Must be submitted annually even if there are no changes.

PLEASE COMPLETE / SUBMIT ONLINE "GOOGLE FORM" VERSION IF POSSIBLE

Google Form and PDF versions of IN-FORM1 available online at www.indianakofc.org/forms

If printed/handwritten version of form must be used, please PRINT neatly.

COUNCIL #: _____ **Council Name:** _____ **District #:** _____

Council Address (meetings location): _____

Membership (# of members): _____ **Charter Date: (e.g., "March 02, 1998"):** _____

Monthly Business Meeting Day/Time: (e.g., "1st Thursday, 7 p.m."): _____

Council Website/Social Media: _____

GRAND KNIGHT: _____ **Member Number:** _____

Address: _____ **Phone (Mobile):** _____

City/Zip(+4): _____ **Phone (Other):** _____

Email: _____

FINANCIAL SECRETARY: _____ **Member Number:** _____

Address: _____ **Phone (Mobile):** _____

City/Zip(+4): _____ **Phone (Other):** _____

Email: _____

CHAPLAIN: _____ **Member Number:** _____

Address: _____ **Phone (Mobile):** _____

City/Zip(+4): _____ **Phone (Other):** _____

Email: _____

Parish Assignment (Primary Parish Name/City): _____

IN-FORM1 *(cont'd.)*

GIBAULT ENVOY: _____ Member Number: _____

Address: _____ Phone (Mobile): _____

City/State/Zip(+4): _____ Phone (Other): _____

Email: _____

SPECIAL OLYMPICS AMBASSADOR: _____ Member Number: _____

Address: _____ Phone (Mobile): _____

City/State/Zip(+4): _____ Phone (Other): _____

Email: _____

RETENTION COMMITTEE CHAIRMAN *(traditionally held by Deputy Grand Knight:* _____

Email: _____ Member Number: _____

Phone (Mobile): _____ Phone (Other): _____

RETENTION COMMITTEE MEMBERS *(traditionally held by Council Trustees)*

Name: _____ Member Number: _____

Name: _____ Member Number: _____

Name: _____ Member Number: _____

Date Submitted: _____ **Grand Knight:** _____
(signature)

- **Submit this form by due date even if some positions are unfilled.** Re-submit when any information changes.
- **Copies of Supreme Forms 185 and 365 must be submitted to the Forms Chairman when submitting this form.** Do not send to Admin Assistant. Do not complete additional forms – submit copies as submitted to Supreme.

Thank you!

SUBMIT TO: State Administrative Assistant
State Program Director
State Forms Chairman
State Membership Retention Chairman

COPIES TO: District Deputy
State Gibault Envoy Chairman
State Special Olympics Chairman
Council Files

Contact information for above recipients can be found in the Indiana State Council Directory.