

IN-FORM1

DUE BY: Aug



Knights of Columbus
INDIANA STATE COUNCIL

For Fraternal Year 20__ - 20__

(This form must be completed annually even if the same members are re-elected or reappointed)

Council Number _____ Meeting Location _____

Website _____ Night and Time: _____

Grand Knight _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

Financial Secretary _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

Chaplain _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

Gibault Envoy _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

Special Olympics Ambassador _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

IN-FORM1 (continued)

Retention Chairman _____ Member Number _____

E-mail: _____

Phone Number: _____ Or _____

Retention Committee

Name _____ Member Number _____

Name _____ Member Number _____

Name _____ Member Number _____

Copy of Council Form 185 and Form 365 for current fraternal year must be attached

Date Submitted _____ Signed _____

Grand Knight

SUBMIT TO: State Administrative Assistant (admin@indianakofc.org) or
Rich Laudeman, 8527 Blue Marlin Dr, Indianapolis, IN 46239

COPIES TO: District Deputy
Council Files

This form is available online at www.indianakofc.org/forms

Page 2 of 2

7/2019