

Assembly Directory Information

Report Date* _____
Month / Day / Year

District* _____

* Required to Submit

All Assembly information same as last year

Assembly Number* _____ Assembly Name _____

Meeting Address _____ City _____ Zip _____

Assembly Phone _____ Meeting(s) Time _____

Meeting Day(s) _____
1st 2nd

Faithful Navigator

All Faithful Navigator information same as last year

Name _____ Wife _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ @MiKofC.org
and / or

Email _____ @

Faithful Comptroller

All Faithful Comptroller information same as last year

Name _____ Wife _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ @MiKofC.org
and / or

Email _____ @

Councils assigned to Assembly

All Councils assignments same as last year

Special Notes

Please fill this form out the night of your Assembly elections and submit as soon as possible. Save the completed form to your computer and Email to the District Master ASAP and no later than June 15.

Special Note: The information on this form will only be utilized by the Michigan State Council Knights of Columbus. It will not be sold or disseminated to any other organization. It will be posted on our secure website in a location that requires an authorized user to sign in and supply appropriate credentials.