

Notice of Election of State Council Officers For 20██ – 20██

This is to certify that pursuant to the laws of the Order, the following Officers were duly elected
at a meeting of the _____ State Council held in _____.
The date of the election was _____.

STATE DEPUTY: _____ Member #: _____ Council #: _____
Res. Phone: _____ Wife's Name: _____
Bus. Phone: _____ Date of Birth: _____
Cell Phone: _____ E-mail: _____

STATE SECRETARY: _____ Member #: _____ Council #: _____
Res. Phone: _____ Wife's Name: _____
Bus. Phone: _____ Date of Birth: _____
Cell Phone: _____ E-mail: _____

STATE TREASURER: _____ Member #: _____ Council #: _____
Res. Phone: _____ Wife's Name: _____
Bus. Phone: _____ Date of Birth: _____
Cell Phone: _____ E-mail: _____

STATE ADVOCATE: _____ Member #: _____ Council #: _____
Res. Phone: _____ Wife's Name: _____
Bus. Phone: _____ Date of Birth: _____
Cell Phone: _____ E-mail: _____

STATE WARDEN: _____ Member #: _____ Council #: _____
Res. Phone: _____ Wife's Name: _____
Bus. Phone: _____ Date of Birth: _____
Cell Phone: _____ E-mail: _____

The last living Past State Deputy actually residing in the jurisdiction as of July 1, 20__ :

IPSD: _____ Wife: _____ Member #: _____
E-mail: _____ Council #: _____

EXECUTIVE SECRETARY APPOINTMENT *(Leave blank if the appointment will delay receipt of delegate information.)*

Executive Secretary: _____ Wife: _____ Member #: _____
E-mail: _____ Council #: _____ Date of Birth: _____
Res. Phone: _____ Bus. Phone: _____ Cell Phone: _____

The _____ **State Council Meeting** will be held starting _____ ATTEST:
On _____ ending _____, _____
City of _____, _____
Hotel: _____ Phone: _____, _____
State Deputy (20__ – 20__) Date
State Secretary (20__ – 20__) Date

Email this form to SupremeSecretary@kofc.org.



Supreme Council Representatives

Section 4 of the Charter, Constitution and Laws of the Knights of Columbus states in part, that "The Supreme Council shall be composed of the following members, all of whom must be in good standing:"

"The State Deputy and the last living Past State Deputy of each State Council who is actually residing in the state or Jurisdiction."

"One representative from each State Council for the first two thousand insurance members, and one representative for the first two thousand associate members, and one representative for each additional two thousand insurance members or major part thereof and one representative for each additional two thousand associate members or major part thereof represented in said State Council as shall appear from the records of the Supreme Secretary. However, any state council having an insurance membership of more than 50% of its total membership will be given credit for any excess insurance members over the minimum number necessary to achieve its last insurance delegate. This excess amount of insurance membership will then be applied toward an additional associate member delegate pursuant to the requirements of this section. But no State Council shall be entitled to more than eight elected representatives to the Supreme Council."

Refer to Section 4(b) and (c) of the Charter, Constitution and Laws for assistance in determining the election of Alternates and the filling of vacancies created when an elected representative can not attend the Supreme Council Meeting.

State Deputy for the Fraternal Year 20__ – 20__

As listed on first page: _____

The last living Past State Deputy actually residing in the jurisdiction as of July 1, 20__

As listed on first page: _____

Representatives for Insurance Membership – *Must be Insurance Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Representatives for Associate Membership – *May be either Insurance or Associate Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternates for Insurance Representatives – *Must be Insurance Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternates for Associate Representatives – *May be either Insurance or Associate Member*

Name	Member #	Council #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____