

State Service Program Directors and Chairmen

Date: _____ State/Province: _____

Please **TYPE or PRINT PLAINLY** all addresses and postal codes. Do **NOT** use nicknames for directors or chairmen. Give **FULL**, correct names. These individuals will be added to the Supreme Council mailing roster.

CHAPLAIN: _____

(Last Name) (Title) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

PROGRAM DIRECTOR: _____

(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

FAITH DIRECTOR: _____

(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

COMMUNITY DIRECTOR: _____

(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

LIFE DIRECTOR: _____

(Last Name) (First Name/Husband) (First Name/Wife)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

FAMILY DIRECTOR: _____

(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

EVANGELIZATION & FAITH FORMATION DIRECTOR: _____

(Last Name) (First Name) (Initial)
Membership Number: _____ Council Number: _____
Address: _____

(Street) (City) (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____



YOUTH DIRECTOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

AWARDS/REPORT FORMS DIRECTOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

MEMBERSHIP DIRECTOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

MEMBERSHIP RETENTION CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

COUNCIL RETENTION CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

COUNCIL REACTIVATION CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

NEW COUNCIL DEVELOPMENT CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

ONLINE MEMBERSHIP CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

HISPANIC COUNCIL GROWTH COORDINATOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

COLLEGE COUNCILS COORDINATOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

CEREMONIALS DIRECTOR:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

INSURANCE PROMOTION CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

YOUNG ADULT OUTREACH CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

ROUND TABLE CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

VOCATIONS CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

PUBLIC RELATIONS CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

SPECIAL OLYMPICS CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

ATHLETIC EVENTS CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

FREE THROW CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

SOCCER CHALLENGE CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

SQUIRES CHAIRMAN:

(Last Name)

(First Name)

(Initial)

Membership Number: Council Number:

Address:

(Street)

(City)

(Code)

Telephone: H: () B: () E-mail:

PILGRIM ICON CHAIRMAN:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

McGIVNEY GUILD CHAIRMAN:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

SILVER ROSE CHAIRMAN:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

GLOBAL WHEELCHAIR CHAIRMAN:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

NEWSLETTER/BULLETIN EDITOR:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

DISASTER RESPONSE COORDINATOR:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

CATHOLIC CITIZENSHIP ESSAY CONTEST CHAIRMAN:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

EXECUTIVE SECRETARY/ADMINISTRATIVE ASSISTANT:

Membership Number: _____ (Last Name) _____ (First Name) _____ (Initial)
Council Number: _____
Address: _____ (Street) _____ (City) _____ (Code)
Telephone: H: (_____) _____ B: (_____) _____ E-mail: _____

Signed: _____
(State Deputy)

For additional roles specific to the following categories, please type or print all names, emails, addresses and postal codes for appointments on a separate sheet of paper and attach to this form:

- **Program Committee (41 additional maximum)**
- **Membership Committee (42 additional maximum)**
- **Online Membership Coordinator (10 additional maximum)**

Please submit the completed form to FraternalMission@KofC.org.