

# 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: \_\_\_\_\_

**MEMBERSHIP DIRECTOR:** \_\_\_\_\_ (Last Name) (First Name) (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (Code)

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

<b>INSURANCE PROMOTION CHAIRMAN:</b> _____	(Last Name)	(First Name)	(Initial)
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>YOUNG ADULT OUTREACH CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>ROUND TABLE CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>VOCATIONS CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>PUBLIC RELATIONS CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>SPECIAL OLYMPICS CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>ATHLETIC EVENTS CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>FREE THROW CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>SOCCER CHALLENGE CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		
<b>SQUIRES CHAIRMAN:</b> _____			
(Last Name)	(First Name)	(Initial)	
Membership Number: _____	Council Number: _____		
Address: _____ (Street)	(City)	(Code)	
Telephone: H: ( ____ ) _____ B: ( ____ ) _____	E-mail: _____		

**PILGRIM ICON CHAIRMAN:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**McGIVNEY GUILD CHAIRMAN:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**SILVER ROSE CHAIRMAN:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**GLOBAL WHEELCHAIR CHAIRMAN:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**NEWSLETTER/BULLETIN EDITOR:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**DISASTER RESPONSE COORDINATOR:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**CATHOLIC CITIZENSHIP ESSAY CONTEST CHAIRMAN:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ Council Number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Code)

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

**EXECUTIVE SECRETARY/ADMINISTRATIVE ASSISTANT:** \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Initial)

Membership Number: \_\_\_\_\_ 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](mailto:FraternalMission@KofC.org).**