

Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
ADDRESS	STREET	CITY	STATE	POSTAL CODE
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	

MAIL ORIGINAL TO: Supreme Council Membership Growth Department

MAIL COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File

Available on the website at www.kofc.org

Grand Knight

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