2023 DELEGATE ELECTION FORM

PRINT or TYPE - ALL FIELDS ARE REQUIRED

Grand Knight Deleg	<u> ate</u> – (<u>C</u>	URRENT	GRAND KNIGHT C	ONLY)
First Name	Initial	Last Name		Membership Number
Cell Phone:			Email:	
Past Grand Knight	Delegat	<u>e</u> - <u>MUST b</u>	e a Past Grand Ki	Knight of this Council
				Which year(s) served as GK
First Name	Initial	Last Name		Membership Number
Cell Phone:			Email:	
Potential Substitute	e Delega	ite #1		
First Name	Initial	Last Name		Membership Number
Cell Phone:			Email:	
Potential Substitute	e Delega	nte #2		
First Name	Initial	Last Name		Membership Number
Cell Phone:			Email:	
Which two of the dele	egates al	bove will be	the voting delegate	tes? PRINT NAMES BELOW
1)			2)	
ATTESTING SIGNATU	JRES:			
X				
Grand Knight				Council Seal
Financial Secretary				

IMPORTANT: Credentials will be processed from the above information. If the delegate has not received email confirmation by May 5, 2023, please contact the State Council office by email at state.office@californiaknights.org

Date of Delegate Election (ELECTION REQUIRED)

Council No.