

DELEGATE CERTIFICATION FORM

In accordance with Chapter II, Section 12 (a) of the Charter, Constitution and Laws of the Knights of Columbus, this is to certify that the following members have been duly elected as delegates to represent our Council at the Georgia State Council Annual Meeting and Convention for the year 2017.

(DUE TO STATE SECRETARY NO LATER THAN APRIL 14, 2017)

Delegates:

Grand Knight (Current Grand Knight - an automatic delegate)

Name: _____

Email: _____

Phone: _____

A Past Grand Knight (An elected Past Grand Knight of Council and of Georgia Jurisdiction. If none, any elected Third Degree member)

Name: _____

Email: _____

Phone: _____

Alternates:

Grand Knight Alternate (Name of an elected third degree alternate representative)

Name: _____

Email: _____

Phone: _____

Past Grand Knight Alternate (Name of an elected third degree alternate representative)

Name: _____

Email: _____

Phone: _____

Certified By:

Financial Secretary

Recorder

Date

Council No.

Council Seal

Distribution (all copies must be embossed with council seal):

2 copies – State Secretary PO Box 82268 Conyers, GA 30013

4 copies – 1 copy to Each Delegate and Alternate Delegate

1 copy – Council File