



MEETS ON
3RD WEDNESDAY
AT AFFILIATED COUNCILS

Knights of Columbus

BERGEN CHAPTER

Delegate/Alternate Reporting Form

Due: 31 July

Council Name: _____ Number: _____

This is to certify, that at a regularly scheduled meeting held on _____,
the following brothers were duly elected as delegates and alternates to the
Bergen Chapter for the fraternal year _____.

Delegates:

Name: _____
Address: _____
City. Zip: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City, Zip: _____
Telephone: _____
E-mail: _____

Alternates:

Name: _____
Address: _____
City. Zip: _____
Telephone: _____
E-mail: _____

Name: _____
Address: _____
City, Zip: _____
Telephone: _____
E-mail: _____

Newly Elected GK Information:

Name: _____
Address: _____
City. Zip: _____
Telephone: _____
E-mail: _____

Financial Secretary:

Name: _____
Address: _____
City, Zip: _____
Telephone: _____
E-mail: _____

RETURN THIS FORM TO THE CHAPTER SECRETARY BY JULY 31

David M. Torebka, FDD
153 Thoma Avenue
Maywood, NJ 07607
Fax: 201/712-1328
E-Mail: dmtorebka@verizon.net

