2024 DELEGATE ELECTION FORM

PRINT or TYPE - ALL FIELDS ARE REQUIRED

Grand Knight Delega	<u>ate</u> – (<u>C</u>	URRENT (GRAND KNIGHT O	NLY)
First Name	Initial	Last Name		Membership Number
Cell Phone:			Email:	
Past Grand Knight D	elegate	<u>- MUST b</u>	e a Past Grand Kr	night of this Council Which year(s) served as GK
First Name	Initial	Last Name		Membership Number
Cell Phone:			_ Email:	
Potential Substitute	<u>Delega</u>	te #1		
First Name	Initial	Last Name		Membership Number
Cell Phone:			_ Email:	
Potential Substitute	<u>Delega</u>	te #2		
First Name	 Initial	Last Name		Membership Number
Cell Phone:			Email:	
Which two of the deleg	gates al	oove will be	the voting delegate	es? PRINT NAMES BELOW
1)			_ 2)	
ATTESTING SIGNATU	RES:			
XGrand Knight				Council
				Seal
Financial Secretary				
Council No. Da	ate of De	egate Election		RED)

IMPORTANT: Credentials will be processed from the above information. If the delegate has not received email confirmation by May 3, 2024, please contact the State Council office by email at state.office@californiaknights.org

Date of Delegate Election (ELECTION REQUIRED)