



Annual Meeting Delegate Credentials

This is to certify that the following Delegates and Alternates, all in good standing, have been regularly elected, as provided by the laws of the Order to represent:

_____ Council No. _____ District No. _____
(Council Name)

of _____ at the Annual Meeting of the Iowa State Council.
(City)

TYPE AND PRINT OR COMPLETE ONLINE AT IOWAKOFC.ORG/CONVENTION

1st Delegate _____ 1st Alternate _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone/ E-mail _____ Phone/ E-mail _____

2nd Delegate _____ 2nd Alternate _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone/ E-mail _____ Phone/ E-mail _____

SIGNATURES

Grand Knight _____ Date _____

Recorder _____ Date _____

DRESS CODE: Suit or dress slacks and shirt with tie. NO JEANS OR SHORTS!

PLEASE NOTE: Delegates whose Council is in arrears to the State or under suspension from the Supreme Council will not be reimbursed for their attendance. Delegates will be required to produce a Third Degree Traveling Card for the current year. Honorary or Honorary Life cards will NOT be accepted.

Please return one copy of this form, properly completed by mail, online, or e-mail to:

Iowa Knights of Columbus
PO Box 91, Oskaloosa, IA 52577
E-mail: admin@iowakofc.org

Give one copy to each Delegate/ Alternate who will present it at the time of registration at the Iowa State Council Meeting.