



KNIGHTS OF COLUMBUS
GALVESTON-HOUSTON CHAPTER
2023-2024 DELEGATE SELECTION FORM



Council Name: _____ Parish Name: _____
Council Number: _____ Grand Knight: _____

Please Print Legibly

Grand Knight

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Delegate #2

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Delegate #3

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Alternate Delegate

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

I certify all per capita assessments to the Galveston-Houston Chapter must be paid in full for my council to have delegate voting privileges, and that herein are the duly authorized representatives of my council for chapter meetings.

Grand Knight / Date

Chapter Secretary / Date