



**Due By:**  
**AUGUST 1, 2006**

For Supreme Office Use Only
Rec'd _____

Form (#365) should be completed and forwarded to the Supreme Council Department of Fraternal Services as soon as a majority of your council's Service Program personnel have been appointed. Please understand that it is not necessary for your council to appoint members to fill all of the positions listed below. Because of local circumstances, a council may wish to only appoint the seven directors and perhaps a few chairmen to conduct those programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly to the Department of Fraternal Services.

Please print or type names and membership numbers for those directors and/or chairmen appointed for your council. Failure to include membership numbers will only delay the processing and receipt of special program materials which include **PROGRAM SUPPLEMENT**.

The Service Program Personnel Reporting Form (#365) must be received at the Supreme Council office by **August 1**, in order to attain the first requirement for the **Star Council, Columbian, Father McGivney and Founders' Awards**.

If there are additions or deletions to your listing of Service Program personnel during the fraternal year, please notify the Supreme Council Department of Fraternal Services immediately at: 1 Columbus Plaza, New Haven, CT 06510-3326.

Date \_\_\_\_\_ Council No. \_\_\_\_\_  
City \_\_\_\_\_ State or Province \_\_\_\_\_

CHAPLAIN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PROGRAM DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
CHURCH DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
VOCATIONS CHAIRMAN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PRO-LIFE COUPLE: Husband and Wife	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME HUSBAND	FIRST NAME WIFE
		EMAIL		
HEALTH SERVICES:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COUNCIL DIRECTOR	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PUBLIC RELATIONS:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

MAIL COPIES TO: State Deputy, District Deputy, Council File

(Continued on Reverse)

FAMILY DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
YOUTH DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COLUMBIAN SQUIRES:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
HEALTH SERVICES:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RETENTION CHAIRMEN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PUBLIC RELATIONS:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
INSURANCE PROMOTION:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LECTURER:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

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