



Officers Form

Mail original form to DOK National Office
Send copies to 1) Province, and 2) Diocese

Date: _____ Province: _____ Diocese: _____
Church Name: _____ Chapter Name: _____
Church Address: _____
City: _____ State: _____ Zip: _____

Fill out *new* and *previous* officers' information. All officers must be current with their dues.

New Officers' Information

President: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Cell: (_____) _____
Email: _____

Vice President: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Cell: (_____) _____
Email: _____

Secretary: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Cell: (_____) _____
Email: _____

Treasurer: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Cell: (_____) _____
Email: _____

Junior Directress: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Cell: (_____) _____
Email: _____

Previous Officers' Names

President: _____ Vice President: _____
Secretary: _____ Treasurer: _____
Junior Directress: _____