

# Form SO-09 - Nomination Form for Election



Ontario State Office, Knights of Columbus  
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Hamilton, ON L9B 1V2  
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Council Name	
Number	
Location	
District	

## Ontario State Board Officers

Name of Candidate	
Position	
Address	
Telephone	
Insurance Member?	Yes      No
Council Number	
Membership Number	

Nominated by		<input type="text"/> <i>Signature</i>	Council Number	
Seconded by		<input type="text"/> <i>Signature</i>	Council Number	
Date		<input type="text"/> <i>Candidate's Signature</i>		

**Note:** Please return this form to the Ontario State Office

This form is to be submitted to the State Secretary at time of nomination or prior to nomination during the State Convention.