



**Due By:  
AUGUST 1**

Council # \_\_\_\_\_ State or Province \_\_\_\_\_

The Service Program Personnel Report (#365) must be received by the Supreme Council office by **August 1** for the council to be eligible to earn the Star Council Award. Please complete and submit the report with the council's appointed personnel.

- Submit this report through Member Management for expedited processing. This is the preferred method.
- If filling out this report on paper, be sure to include the correct membership number for each role.
- It is not necessary for your council to appoint members to fill all of the positions listed below.
- Changes during the fraternal year can be made using Member Management to update the roles accordingly. If your council uses the paper form, only complete and submit that information which has changed.

<b>PROGRAM DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>FAITH DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>COMMUNITY DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>FAMILY DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>LIFE DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>MEMBERSHIP DIRECTOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RECRUITMENT COMMITTEE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>RETENTION CHAIRMEN</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>INSURANCE PROMOTION</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>VOCATIONS CHAIRMAN</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>HEALTH SERVICES</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
<b>PUBLIC RELATIONS</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

**SEND ORIGINAL TO:** Department of Fraternal Mission (email: fraternalmission@kofc.org) \_\_\_\_\_  
**SEND COPIES TO:** State Deputy, District Deputy, Council File \_\_\_\_\_ Grand Knight \_\_\_\_\_ Date \_\_\_\_\_