

This is to certify that at a reg	gular meeting of Council #	_	
of	North Dakota, held on the	day of	, 2021,
<u> </u>	cted, pursuant to the Constitution of the Order an Annual Meeting of the North Dakota State Counc	•	
DELEGATE			
Knight	Spouse		
Mailing Address:			
City, State, Zip		Pho	ne
DELEGATE			
Knight	Spouse		
Mailing Address:			
City, State, Zip		Pho	ne
ALTERNATE			
Knight	Spouse		
Mailing Address:			
City, State, Zip		Pho	ne
ALTERNATE			
Knight	Spouse		
Mailing Address:			
City, State, Zip		Pho	ne

EARLY REGISTRATION - \$185.00 COUPLE AND \$100.00 SINGLE After April 3rd \$200.00 couple and \$115.00 single

Includes Friday Buffet, Men & Ladies Saturday Luncheon, Saturday Banquet

Amount enclosed ______ CHECK MUST ACCOMPANY THIS FORM

Prepare three copies of this delegate registration form and send to:

Original to:
Kevin Boehm, State Secretary
318 Cottonwood Street
Grand Forks, ND 58201

First copy to:
Mike Steiner, State Deputy
2938 Southgate Drive
Fargo, ND 58103

Second copy to:

COUNCIL FILES