

Group/Study Group Officers for the year _____

_____ Group or Study Group		_____
(patron name)		(city) (state)
Group Leader		Formation Director
_____	_____	_____
(name)		(name)
_____	_____	_____
(street)		(street)
_____	_____	_____
(city, state, zip)		(city, state, zip)
_____	_____	_____
(telephone)		(telephone)
_____	_____	_____
(Email)		(Email)

If there are three members on your council instead of five, please strike out the extra two "Councilor" spaces.

Councilor	Councilor	Councilor
_____	_____	_____
(name)	(name)	(name)
_____	_____	_____
(street)	(street)	(street)
_____	_____	_____
(city, state, zip)	(city, state, zip)	(city, state, zip)
_____	_____	_____
(telephone)	(telephone)	(telephone)

Mail this form to: Secular Order of Discalced Carmelites, 510 North El Molino Street, Alhambra, CA 91801

(Email)

Secretary

(name)

(street)

(city, state, zip)

(telephone)

(Email)

(Email)

Treasurer

(name)

(street)

(city, state, zip)

(telephone)

(Email)

(Email)

Spiritual Assistant

(name)

(street)

(city, state, zip)

(telephone)

(Email)

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The day and time of our meeting is:

The place of our meeting is:

(name)

(street)

(city, state, zip)

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