

Newly Elected Council 2017
please print and send to Central Office for Directory

Community

_____ (please confirm the name for your community or group)

_____ (city)

_____ (state)

President

_____ (name)

_____ (street)

_____ (city, state, zip)

_____ (telephone)

_____ (Email)

Formation Director

_____ (name)

_____ (street)

_____ (city, state, zip)

_____ (telephone)

_____ (Email)

Councilor

_____ (name)

_____ (street)

_____ (city, state, zip)

_____ (telephone)

_____ (Email)

Councilor

_____ (name)

_____ (street)

_____ (city, state, zip)

_____ (telephone)

_____ (Email)

Councilor

_____ (name)

_____ (street)

_____ (city, state, zip)

_____ (telephone)

_____ (Email)

Secretary

(name)

(street)

(city, state, zip)

(telephone)

(Email)

Treasurer

name)

(street)

(city, state, zip)

(telephone)

(Email)

Spiritual Assistant

(name)

(street)

(city, state, zip)

(telephone)

(Email)

The day and time of our meeting is:

The place of our meeting is:

(name)

(street)

(city, state, zip)