

Newly Elected Council for the year _____
please print and send to Central Office for Directory

Community _____

(please confirm the name for your community)

(city)

(state)

President

Formation Director

(name)

(name)

(street)

(street)

(city, state, zip)

(city, state, zip)

(telephone)

(telephone)

(Email) (new Presidents send email to ocds.info@gmail.com)

(Email)

Councilor

Councilor

Councilor

(name)

(name)

(name)

(street)

(street)

(street)

(city, state, zip)

(city, state, zip)

(city, state, zip)

(telephone)

(telephone)

(telephone)

(Email)

(Email)

(Email)

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Mail this form to: OCDS Central Office, Carmelite House of Prayer, P. O. Box 347, Oakville, CA 94562
and to your Provincial Council Region Representative

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)

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