

LEGION OF MARY CINCINNATI REGIONAL SENATUS

COUNCIL OFFICERS

Name of Council _____

Regia ___ Comitium ___ Curia ___ (*check only one*)

Office held: President Vice President ___ Secretary ___ Treasurer ___ Date Appointed _____ (Month/year)

Term: 1st ___ 2nd ___

Name _____

Address _____

Phone _____

E-mail address _____

Office held: President ___ Vice President Secretary ___ Treasurer ___ Date Appointed _____ (Month/year)

Term: 1st ___ 2nd ___

Name _____

Address _____

Phone _____

E-mail address _____

Office held: President ___ Vice President ___ Secretary Treasurer ___ Date Appointed _____ (Month/year)

Term: 1st ___ 2nd ___

Name _____

Address _____

Phone _____

E-mail address _____

Office held: President ___ Vice President ___ Secretary ___ Treasurer Date Appointed _____ (Month/year)

Term: 1st ___ 2nd ___

Name _____

Address _____

Phone _____

E-mail address _____

*(The Council Vice-President shall retain this original form in the V.P.
records and submit a copy to next highest affiliated council)*