

LEGION OF MARY CINCINNATI REGIONAL SENATUS

PRAESIDIUM OFFICERS

Name of Praesidium _____

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