

Group/Study Group Officers 2017

_____ 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

(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)