

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)

(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)

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)