

We have New (or Gently Used) Officers!

CONFERENCE OR DISTRICT _____

PLEASE NOTE: OFFICERS MAY NOT BE RELATED TO THE PRESIDENT. BANK SIGNERS CANNOT BE RELATED TO ONE ANOTHER.

CONFERENCES: You MUST meet at least twice a month to remain in compliance.

Frequency of Meetings: [] Weekly [] Every Other Week [] Monthly [] Other

Please Send Funds to this Address: _____

PRESIDENT

Name: _____

Address: _____ City: _____ ZIP: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Additional Info: _____

VICE PRESIDENT

Name: _____

Address: _____ City: _____ ZIP: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Additional Info: _____

1st VICE PRESIDENT

Name: _____

Address: _____ City: _____ ZIP: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Additional Info: _____

2nd VICE PRESIDENT

Name: _____

Address: _____ City: _____ ZIP: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Additional Info: _____

SECRETARY

Name: _____

Address: _____ City: _____ ZIP: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Additional Info: _____

CO-SECRETARY

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

TREASURER

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

CO-TREASURER

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

SPIRITUAL ADVISOR

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

CO-SPIRITUAL ADVISOR

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

VOICE OF THE POOR LIASON

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

PANTRY MANAGER (If Applicable)

Name:

Address: City: ZIP:

Phone(Home): Work: Cell:

Email:

Additional Info:

CONFERENCE INFORMATION:

Physical Address:	City:	ZIP:
Mailing Address:	City:	ZIP:
Phone(Parish):	Conference/SVdP Phone:	
Conference E-mail:		
Additional Info:		

STORE INFORMATION (If Applicable):

Physical Address:	City:	ZIP:
Mailing Address:	City:	ZIP:
Store Phone:		
Store Manager:	Assistant Manager:	
Store Manager Phone:	Assistant Manager Phone:	
Additional Info:		

****PLEASE CHECK THE DIRECTORY PAGE PROVIDED AND MAKE SURE ALL OF YOUR CONFERENCE INFO INCLUDING PHONE NUMBERS, ADDRESSES, E-MAIL, HOURS OF OPERATION AND OTHER RELEVANT INFORMATION IS UPDATED****

Please let us know any other needed information here:
