



THE LEGION OF MARY

PRAESIDIUM OFFICERS

DATE: ___/___/___

PRAESIDIUM: _____

PARISH NAME: _____ CITY: _____

SPIRITUAL DIRECTOR (please print): _____

OFFICER	NAME	ADDRESS	PHONE/EMAIL	ELECTION	TERM (1 st /2 nd)
President				Date: ___/___/___	
Vice President				Date: ___/___/___	
Secretary				Date: ___/___/___	
Treasurer				Date: ___/___/___	

Signed _____

Spiritual Director