

AFFILIATION FORM
(For Ratification of a new Praesidium)

Date: _____

NAME OF PRAESIDIUM: _____

DATE OF FOUNDATION: _____ EXTENDING PARISH: _____

MEETINGS

PLACE: _____ ADDRESS: _____

DAY OF WEEK: _____ TIME: _____

NUMBER OF ACTIVE MEMBERS: _____ ON PROBATION: _____ PRAETORIAN: _____

NUMBER OF AUXILIARY MEMBERS: _____ ON PROBATION: _____ ADJUTORIAN: _____

OFFICERS

OFFICE	NAME (including Mr., Mrs. etc.)	ADDRESS (including zip code)	PHONE NO.	DATE APPT'D
SPIR.				
DIR.				
PRES.				
V. PRES.				
SECT.				
TREAS.				

ACTIVITIES (WORKS) UNDERTAKEN

Number of legionaries in each activity

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

WE UNDERSTAND THAT THE LEGION RULE REQUIRES A WEEKLY MEETING OF THE PRAESIDIUM AND A WEEKLY PERFORMANCE OF THE APOLTOLIC WORK BY EACH LEGIONARY.

PRESIDENT