

Legion of Mary – Lincoln Curia

Membership Roster

(to be completed by the Vice-President)

Date of this Report: _____

PRAESIDIUM _____

PARISH _____

ADDRESS _____

DATE ORGANIZATION WAS FOUNDED: (Month/Day/Year) _____

Number of Active Members (include Spiritual Director) _____

Number of Auxiliaries _____ Adjutorians _____ Praetorians _____

SPIRITUAL DIRECTOR _____ Email: _____

President _____ Email: _____

Address _____ Zip _____ Date of Curia Appointment: _____

Phone _____ Date 1st Term: _____ Date 2nd Term: _____
(State actual date you began the duties, ie. you may have started before the official Curia appointment)

Vice President _____ Email: _____

Address _____ Zip _____ Date of Curia Appointment: _____

Phone _____ Date 1st Term: _____ Date 2nd Term: _____
(State actual date you began the duties, ie. you may have started before the official Curia appointment)

Secretary _____ Email: _____

Address _____ Zip _____ Date of Curia Appointment: _____

Phone _____ Date 1st Term: _____ Date 2nd Term: _____
(State actual date you began the duties, ie. you may have started before the official Curia appointment)

Treasurer _____ Email: _____

Address _____ Zip _____ Date of Curia Appointment: _____

Phone _____ Date 1st Term: _____ Date 2nd Term: _____
(State actual date you began the duties, ie. you may have started before the official Curia appointment)

Time, Day, & Place of Weekly Meeting _____

(O V E R)

