



SAN FRANCISCO SENATUS COUNCIL AFFILIATION FORM

(Please use this form if your Council will be directly attached to the San Francisco Senatus. If your Council is being attached to a higher Council but not directly to the San Francisco Senatus, please use another Form)

To the San Francisco Senatus:

On behalf of our Council (name) _____, I would like to seek official affiliation to the San Francisco Senatus. I understand that as a directly attached Council, we are required to render a quarterly report of our membership and activities to the Senatus.

Signed: _____
Spiritual Director or President of the Council

NAME OF COUNCIL _____

Day and Time of Council Meeting _____

Place or address of Council Meeting _____

Extension Committee Chairperson _____

Address _____

Telephone Number _____

E-Mail Address _____

COUNCIL SPIRITUAL DIRECTOR AND OFFICER'S PARTICULARS

<u>Spiritual Director</u>	
Name	
Address	
E-Mail Address (id any)	
Telephone Number	
Date of Appointment	

<u>President</u>	
Name	
Address	
E-Mail Address (id any)	
Telephone Number	
Date of Ratification	

<u>Vice President</u>	
Name	
Address	
E-Mail Address (id any)	
Telephone Number	
Date of Ratification	

<u>Secretary</u>	
Name	
Address	
E-Mail Address (id any)	
Telephone Number	
Date of Ratification	

<u>Treasurer</u>	
Name	
Address	
E-Mail Address (id any)	
Telephone Number	
Date of Ratification	