



**Election of a Council Officer**  
**And**  
**Ratification of the Officer by the San Francisco Senatus**  
**Legion of Mary**

*Council: Fill out after the Election of each Council Officer, and submit to the Secretary or Vice President of the SF Senatus (Postal and Email Addresses for Senatus Officers are printed on the Senatus Monthly Agenda)*

*Council Information*

Council Name \_\_\_\_\_ City and State \_\_\_\_\_

Council Secretary \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Secretary Address \_\_\_\_\_

Council Office Elected \_\_\_\_\_

*Council Offices are President, Vice President, Secretary, and Treasurer. All four Offices should be filled by election. Certain Councils may have an Assistant Secretary, and an Assistant Treasurer.*

Term of Office (First or Second) \_\_\_\_\_ Date of Election \_\_\_\_\_

*Officers are elected for a three year term. Two Consecutive Terms, for six years, are the Maximum allowed stay in any Office*

Signature of Spiritual Director (if any) or Council President \_\_\_\_\_

*By signing this document, the person above is aware of the qualifications of the officer, and regards him as suitable for office*

*Council Officer Information*

Name of Elected Officer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mode of transportation to Council Meetings \_\_\_\_\_

Does Officer volunteer to give others rides (if he has a car)? \_\_\_\_\_

Officers must have already taken Legion Promise: Date Taken \_\_\_\_\_

Length of time as a Legionary, to date \_\_\_\_\_

Does Officer understand well the Duties Required for this Office? \_\_\_\_\_

Signature of Elected Officer \_\_\_\_\_

*By signing this document, the elected officer above certifies that it is understands that he is expected to attend the Meetings of his own Council, and as needed, the Higher Council, unless the Higher Council is too far distant. Councils will not function properly, without your attendance!!*

*Senatus Action (Filled out by Senatus Vice President)*

Date This Form Received \_\_\_\_\_ Senatus Meeting Date \_\_\_\_\_

Senatus Meeting No \_\_\_\_\_ Was Officer Ratified at the Senatus Meeting? (Yes or No) \_\_\_\_\_

Future Date of Review, when Re-election or Change is mandated (in+3 years) \_\_\_\_\_

Remarks:



