



JACKSONVILLE COMITIUM - CHANGE IN OFFICERS FORM

Name of Praesidium _____ Parish _____

Office _____ Date of Vacancy _____

Reason for Change: Resignation of _____ Second Term _____
 Expiration of Term of _____ Other _____

Name of Candidate Mr. / Mrs./ Miss _____

Address _____ ZIP Code _____

Phone Numbers _____

E-mail Address _____

Length of Time in Legion to date: _____

Have you taken the Legion Promise? Yes _____ No _____
Do you know well and can you perform the duties for your office? Yes _____ No _____
Is there any reason you cannot attend the curia meetings regularly? Yes _____ No _____

CANDIDATE: VITALLY IMPORTANT: PLEASE READ CAREFULLY AND SIGN BELOW:

The Legion System, to function effectively, demands that these obligations be faithfully and conscientiously fulfilled. To do less, is to shirk your duty as an officer. Please consider your attendance seriously before completing this form.

I understand that first of all I must fulfill my regular weekly obligation to my praesidium. I also understand that the first and principle duty of each officer is to attend the monthly meetings of the curia. (If for some reason you are not able to attend monthly AT LEAST A MINIMUM OF 50% OF THE TIME, you must not allow your name to be placed on the Council floor for appointment.)

BY SIGNING THIS FORM, I pledge to attend regularly the Meetings Monthly of the curia.

_____ **LEGIONARY TO BE RATIFIED**

Recommend by _____
(Spiritual Director, President or Council Officer.)

Do not write below,

For Vice President of
Council :

Date of Interviewed _____

Date Appointment Confirmed by Curia _____

Effective Date of Office _____