**Curia:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Officer Ratification Form**

(For use by Elected and Appointed Officers)

Primary Duty of Praesidium Officers: To attend Monthly Curia meetings faithfully

(Please seriously consider this duty before completing this form)

The Legion System only functions effectively when this primary duty is faithfully and

conscientiously fulfilled. If you are unable to satisfy this obligation, please inform

your Curia or Praesidium that you cannot continue as an officer.

**Please Print Clearly**

Praesidium Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Type of Office** **Office** **Term**

\_\_\_\_ Praesidium Election \_\_\_\_ President

 \_\_\_\_ Vice President \_\_\_\_ First

\_\_\_\_ Praesidium Appointment \_\_\_\_ Secretary

 \_\_\_\_ Treasurer \_\_\_\_ Second

Date Taking Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legionary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip \_\_\_­­\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (Month / Day) \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have taken the Legionary Promise: YES \_\_\_\_ NO \_\_\_\_

I pledge to attend Curia Meetings Monthly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Legionary to be ratified/appointed

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Please do Not Write Below this Line \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I recommend the above Legionary to the office indicated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Curia Officer

Date Appointed / Ratified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Revised March, 2018