



SENATUS OF LOS ANGELES

LEGION OF MARY

AFFILIATION FORM

1. Name of Praesidium/Curia/Comitium: _____

2. Parish: _____ 3. City: _____

4. Meeting Place: _____ 5. Day _____ Hour _____

6. Number of Active Members _____ 7. Number of Aux. Members _____

8. Date of Foundation _____

DO NOT PUT YOUR NAME IF YOU CAN NOT ATTEND YOUR COUNCIL MONTHLY MEETING

OFFICER	NAME	ADDRESS	PHONE	APPT DATE
SPIRITUAL DIRECTOR				
PRESIDENT				
VICE PRESIDENT				
SECRETARY				
DIRECTOR				

Are the duties for the respective offices well known? Yes _____ No _____

Do you understand your first duty as officers is the REGULAR ATTENDANCE of EACH monthly meeting of the Council? Yes _____ NO _____

Will you uphold the standard and rules of the Legion? Yes _____ No _____

We understand that the Legion rule requires a weekly or monthly meeting of the Praesidium/Curia/Comitium and the weekly performance of the apostolic work of two hours of each Legionary.

President of Praesidium/Curia/Comitium

Received by Senatus Officer & Date