



LEGION OF MARY  
FOUNDED 7 SEPTEMBER 1921

# Legion of Mary

## APPOINTMENT OF PRAESIDIUM OFFICER (By Curia or Comitium or by the San Francisco Senatus)

Praesidium Name \_\_\_\_\_ Name of Parish \_\_\_\_\_

Name of officer **RECOMMENDED** for appointment: \_\_\_\_\_

Name of Higher Council (Granting this Appointment) \_\_\_\_\_

Position (*President, VP, Secretary or Treasurer*): \_\_\_\_\_

Term of Office (*First or Second*) \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

**Note: At the Praesidium level, there is no election of officers involved.** It is the next higher council, the Curia, Comitium or the Senatus who would formally appoint the officer of each Praesidium (as per the HB). Customarily (but not necessary), the Praesidium president after consultation with the Spiritual Director of the praesidium, may **RECOMMEND** to their higher council a potential candidate for an open position. This form may be used to recommend the name of the officer, subject to the appointment or approval of the next higher council (PLEASE SUBMIT A MONTH BEFORE so the higher council can review further). The appointment is held during the monthly council meeting. Appointed officers hold or a 3-year term and is eligible for another three years, but not to exceed two 3-year terms consecutively or more than six years in the same position. *By signing this document, the person, being recommended as officer of the named Praesidium understands and agrees to the duties associated with the named position above which is the regular attendance of the monthly council meeting. The recommended officer also attests that he or she is a Catholic in good standing and agrees as well to adhere to the accept, promote and declare the true teachings of our Catholic Faith.*

Does officer understand and is willing to perform the duties required for this office (in particular the requirement of attending the monthly council meeting?) Please check: Yes \_\_\_\_\_ or No \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

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### Information of Candidate for Praesidium Officer

Name \_\_\_\_\_

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

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

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

The candidate should have already taken the Legion Promise - Date Taken \_\_\_\_\_

Approximate Length of time as a Legionary: \_\_\_\_\_

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(Council Vice-President)

Approved for Appointment by Council: (YES OR NO) \_\_\_\_\_

Date Form Received by Vice-President \_\_\_\_\_

Signature of Council Vice-President \_\_\_\_\_

Date of Appointment \_\_\_\_\_ Council Meeting No. \_\_\_\_\_