



LOCAL COURT OFFICERS

FOR THE TWO-YEAR PERIOD 20_____ to 20_____ ELECTION HELD ON MAY _____, 20_____

COURT _____ # _____

CITY _____ STATE _____

The **Financial Secretary** should complete this form immediately following the election held at the **May monthly meeting**. Even if you do not have any changes in officers or have been recently instituted, this form must be completed every two years. Your prompt attention to this request will be appreciated. Please **PRINT** neatly.

Please submit ORIGINAL form to:

Catholic Daughters of the Americas
10 West 71st Street, New York, NY 10023

Send one copy to your: 1) **State Regent** (Territorial Courts: Send copy to your National Supervisor)
2) **District Deputy**

REGENT: Name _____ New Officer Re-elected Officer

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____

VICE REGENT: Name _____ New Officer Re-elected Officer

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____

RECORDING SECRETARY: Name _____ New Officer Re-elected Officer

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____

FINANCIAL SECRETARY: Name _____ New Officer Re-elected Officer

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____

TREASURER: Name _____ New Officer Re-elected Officer

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____

CHAPLAIN/SPIRITUAL ADVISOR: Name _____ New Returning

Address _____ City _____ State _____ Zip _____

E-Mail _____ Phone# (____) _____ Cell# (____) _____