



# STATE LADIES AUXILIARY INFORMATION FORM

PLEASE PRINT ALL INFORMATION

Date \_\_\_\_\_

## AUXILIARY INFORMATION

AUXILIARY NAME: \_\_\_\_\_

IF NEWLY FORMED AUXILIARY PLEASE CHECK

KC COUNCIL NAME: \_\_\_\_\_ # \_\_\_\_\_

PARISH: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip code \_\_\_\_\_

Date Auxiliary formed? \_\_\_/\_\_\_/\_\_\_ # Charter members \_\_\_\_\_ Current # Members \_\_\_\_\_

Auxiliary meeting Location \_\_\_\_\_ Times \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

Address: \_\_\_\_\_ PO BOX # \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E Mail Address \_\_\_\_\_

LADIES AUXILIARY SECRETARY \_\_\_\_\_

Address \_\_\_\_\_ PO BOX # \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Phone Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E Mail Address \_\_\_\_\_

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