

Secular Franciscan Order
St. Margaret of Cortona Region

REQUEST FOR FRATERNITY ELECTIONS

_____ 571-_____
Name of Fraternity and Location

The above-named fraternity requests a Chapter of Elections

to be held at: _____
(Gathering Place)

(Street Address)

(City and State)

Our gathering is on the (_____) of the month.

We, hereby, request that the Region provide a Presider to conduct the elections, and a Friar Witness. The fraternity council has appointed a nominating committee. To confirm the above date, and for further information, please contact:

Name: _____

Address: _____

Phone: _____

Email: _____

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Send this form to your Regional Executive Councilor for action.