

*St. Augustine Diocesan Council of Catholic Women
Florida Council of Catholic Women
National Council of Catholic Women*

APPLICATION FOR NOMINATION TO ELECTED OFFICE

NAME:

ADDRESS:

PHONE:

E-MAIL:

PARISH:

DEANERY:

PAST EXPERIENCE AT ALL LEVELS OF COUNCIL:

INDICATE THE OFFICE IN WHICH YOU WOULD BE WILLING TO SERVE:

PRESIDENT _____ SECRETARY _____ TREASURER _____

ANY OF THE ABOVE:

ON A SEPARATE SHEET INCLUDE A BRIEF PARAGRAPH COVERING THE FOLLOWING AREAS:

1. What are the benefits of the Diocesan Council of Catholic Women?
2. What specific goals should the St. Augustine Diocesan Council of Catholic Women have?
3. What direction (perhaps new) should be taken to obtain these goals?
4. Your reasons for wanting to serve in the above capacity.

Applicant's Signature