



Tau Cross Region, Secular Franciscan Order

FRATERNITY ELECTION REPORT

Fraternity Name _____ Frat ID # 79-_____

Date of Election _____ Location _____

NEWLY ELECTED FRATERNITY COUNCIL

Minister: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Vice Minister: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Secretary: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Treasurer: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Formation Director: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

OTHER (NON-ELECTED MEMBERS):

ADD TO SECOND PAGE

Presider (Region Minister or Delegate) _____

Friar Witness _____