



The Society Of Saint Vincent de Paul
National Council of the United States
Application for a New Conference

DIOCESE NAME _____

Diocesan Council of _____

District Council of _____

Conference Name (note 1) _____

Conference Address _____

Conference City/State/Zip _____

E-Mail _____ **Phone** _____

Type of Conference (note 2) _____

Parish Name _____

(If different from the Conference name)

Date Conference Founded _____

Date of Application _____

As conditions of membership in the Society of St. Vincent de Paul, we the founding members agree to:

- Follow the Rule, bylaws, structure and spirit of the Society.
- Meet regularly and consistently, usually weekly, but at least twice a month.
- Adopt attached bylaws, inserting appropriate information and changing nothing.
- Apply for aggregation after twelve months of service to those living in poverty after submitting first Conference annual report and contributing to solidarity.
- Submit an annual report on time every year.
- Make annual solidarity contributions in a timely manner.
- Attend an Ozanam Orientation within **one year**.
- Participate in ongoing formation and training.
- Participate as member of a Council.
- Maintain membership information on National database.
- Establish a 501(c)(3) tax-exemption.

Note # 1. **Conference names** are usually associated with the name of the parish in which they are located. They can be names of saints, titles of Our Lord or Our Lady. They cannot be “St. Vincent de Paul” or “Frederic Ozanam” unless that is the name of their parish. They cannot be named for one of their members or anyone else. Conference naming specifications come from the Council General International (CGI) and are used in the validation of an Application for Aggregation. In addition, we have a standard naming convention for Conferences: “Society of St. Vincent de Paul _____ Conference.”

Note # 2. Parish, school, university, company, youth, special works, etc.

Founding Members

OFFICERS NAMES: President_____

Vice Pres_____

Treasurer_____

Secretary_____

Spiritual Adv_____

(Provide contact info below)

Name:
Address
City/State/Zip
E-Mail
Phone No

Name:
Address
City/State/Zip
E-Mail
Phone No

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Phone No

Name:
Address
City/State/Zip
E-Mail
Phone No

Attach additional sheets if necessary

Approved by: _____ Approved by: _____
Diocesan Council President Regional National Vice President

Please submit to:

- **Your Diocesan Council President for approval.**
- **Diocesan Council Presidents forward to regional VP for approval**
- **Regional NVPs forward to National Council for entry into National Membership Management database: Attn: Membership Services, membership@svdpusa.org**

Received at National Council by: _____ Date _____