



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

**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 and after submitting first Conference annual report.
- 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

---

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

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

---

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

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

---

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

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

---

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

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

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

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

---

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

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

---

Name:  
Address  
City/State/Zip  
E-Mail  
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: Julie Witzel, [jwitzel@svdpusa.org](mailto:jwitzel@svdpusa.org)**

Received at National Council by: \_\_\_\_\_ Date \_\_\_\_\_