

The Society Of Saint Vincent de Paul

National Council of the United States

Conference REACTIVATION

Diocesan Council of
District Council of
Conference Name
Conference Address
Conference City/State/Zip
E-MailPhone
Parish Name(If different from the Conference name)
Original Founding Date
Aggregation Date(Must provide verification previously aggregated)
Date Conference Reactivated
Date of Application

As conditions of membership in the Society of St. Vincent de Paul, we the members of this reactivated conference 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 (*if proof of previous aggregation cannot be verified) 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 six months.
- 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 either by applying directly to IRS or by joining the National Group Tax-Exemption.

Reactivated Conference Members

OFFICERS	S NAMES: President	
	Vice Pres	
	Treasurer	
	Secretary	
	Spiritual Adv	
	(Provide contact info below)	
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature	
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature	
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature	
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature	
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No. Signature	

Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature
Name: Address City/State/Zip E-Mail Phone No Signature	Name: Address City/State/Zip E-Mail Phone No Signature
Attach additional sheets if necessary	
Approved by:Council President	Approved by: Regional Vice President
Received at National Council by:	Date
Please submit to: National Council of the United State Society of St. Vincent de Paul, Inc. 58 Progress Parkway	

Maryland Heights, MO 63043