

Fair Share Submittal Form
Our Lady of the Angels Region

Please fill out the form completely and send it with your Fair Share payment to:

Richard Spana, OFS
170 East Hartsdale Avenue 1F
Hartsdale, NY 10530

It is each Fraternity's responsibility to contribute their Fair Share to the Regional common fund. A Fraternity's Fair Share amount is based on the number of each **PROFESSED ACTIVE and EXCUSED MEMBERS and CANDIDATES** in your Fraternity. **(AS OF DECEMBER 31ST 2016)**

This report and your Fair Share contribution are due by **January 31, 2017**

NAME OF FRATERNITY _____ Fraternity # _____

Today's Date: _____:

As of **December 31, 2016** our Fraternity had:

- 1. **PROFESSED ACTIVE & EXCUSED** Members: _____
 - 2. **CANDIDATES** (those who have celebrated the the Rite of Admission) _____
- TOTAL COUNT FOR FAIR SHARE** _____

Please keep a copy of these totals as they MUST be the same as those you will send in on the form which you will receive shortly with the Minister's Report!

To determine the amount for your Region:

Multiply TOTAL COUNT FOR FAIR SHARE from above by \$ 40. TOTAL DUE \$ _____

AMOUNT ENCLOSED (Payments can be made) \$ _____

Please make your check payable to **OUR LADY OF THE ANGELS REGION** and **mark it "Fair Share 2017 for Fraternity # _____"**

Please send in your Fair Share contribution (or at least a portion of it) **along with this form**, by **January 31st, 2017**.

If payments are made we ask that they be made in full by **March 15th, 2017**

Please keep a copy of this form for your records.

This form is to be filled out and signed by BOTH the Fraternity Treasurer and Minister

Minister's Signature	Date
Treasurer's Signature	Date

LAPSED IN 2016 (Add extra sheet if necessary)

PRINT CLEARLY

Name	Address	Date of Profession	Date marked lapsed

CHANGE of ADDRESS, PHONE OR EMAIL Please provide **NEW** information **ONLY**

PRINT CLEARLY (Add extra sheet if necessary)

Name	NEW Address	NEW Telephone	NEW Email

TRANSFERS

List those who have **TRANSFERRED OUT** of your fraternity

PRINT CLEARLY

Name	Address	Date of Profession	Date of Transfer

List those who have **TRANSFERRED IN** to your fraternity

PRINT CLEARLY

Name	Address	Telephone	Email	Date of Profession	Date of Transfer