# 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 31<sup>ST</sup> 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. <b>PROFESSED ACTIVE &amp; EXCUSED</b> Members:	
2. CANDIDATES (those who have celebrated the th	e Rite of Admission)
TOTAL COUNT	FOR FAIR SHARE
	JST be the same as those you will send in on the hortly with the Minister's Report!
To determine the amount for your Region:	
Multiply TOTAL COUNT FOR FAIR SHARE from ab	ove by <b>\$ <u>40</u>. <u>TOTAL DUE</u> \$</b>
AMOUNT ENCLOSED	(Payments can be made) \$
Please make your check payable to <b>OUR LADY OF 1</b> <u>Fraternity # </u>	THE ANGELS REGION and mark it "Fair Share 2017 for
Please send in your Fair Share contribution (or at leas	et a portion of it) along with this form, by January 31 <sup>st</sup> , 2017.
If payments are made we ask that they be made in ful	I by March 15 <sup>th</sup> , 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
Minister's Signature

Date

Treasurer's Signature

Date

#### Updates to Fraternity Roster during 2016

#### PLEASE REVIEW YOUR FRATERNITY CONTACT LIST (ENCLOSED.) INDICATE CORRECTIONS BELOW AND RETURN THIS PORTION DIRECTLY TO:

### Anna Geraci, OFS **161 B Cross Slope Court** Manalapan, NJ 07726

Fraternity Name\_\_\_\_\_ Fraternity #\_\_\_\_\_

\_\_\_\_ Check here if there are <u>NO CHANGES</u> to your fraternity contact information list.

#### DEATHS—Please provide name and date of Profession

#### PRINT CLEARLY

Name	Date of Death	Date of Profession

#### PREVIOUS CANDIDATES WHO WERE PROFESSED in 2016 (Add extra sheet if necessary)

#### PRINT CLEARLY

Name	Address	Telephone	Email	Date of Profession

#### Those <u>ADMITTED TO CANDIDACY</u> in 2016 (Add extra sheet if necessary)

#### **PRINT CLEARLY**

Name	Address	Telephone	Email	Date of Admission

# 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 <u>NEW</u> information <u>ONLY</u>

PRINT CLEARLY	(Add extra sheet if necessa	ıry)	
Name	NEW Address	NEW Telephone	NEW Email

### **TRANSFERS**

# List those who have <u>TRANSFERRED OUT</u> 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