

The Legion of Mary Auxiliary Probationary MEMBERSHIP

DATE ENROLLED	NAME ADDRESS/ZIP	PHONE NUMBER	RECRUITED BY	DATE OF PROMISE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

_____ MOVED _____ DROPPED _____ DECEASED _____ BECAME AUX

____ TRANSFERRED TO ANOTHER PRAESIDIUM

____ **TOTAL**