NAME of COMMUNITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PRIORESS OR LOCAL SUPERIOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN UPDATING OUR STATUTES, OUR PREFERENCE FOR TERM OF OFFICE FOR FUTURE LEADERSHIP TEAMS IS:**

*PLEASE CIRCLE ONE:*

**TWO YEARS**  **THREE YEARS**

**OUR CHOICE FOR VOTING UPON UPDATING OUR STATUTES IS:**

*PLEASE CIRCLE ONE:*

**AT OUR JUNE 2020 ASSEMBLY AFTER THE 2020 ASSEMBLY**

***Please return to your liaison by March 7***