2026 ALADDIN SHRINE DIRECTORY - CLUB INFORMATION

This COMPLETED form is due to the Aladdin Business Office by November 1, 2025. Please fill out ALL information.

NAME OF CLUB: _____ Number of Members: _____
Monthly Meetings Held: Day: _____ Time: _____ Location: _____

PRESIDENT: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

1ST VICE PRESIDENT: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

SECRETARY: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

TREASURER: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

MEMBERSHIP CHAIRMAN: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

TABLOID CHAIRMAN: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

CIRCUS CHAIRMAN: _____ Member Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Lady's Name: _____

You may email this form to kblake@aladdinshrine.com or hit the Submit button – – >

SUBMIT