

# 2026 ALADDIN SHRINE DIRECTORY - UNIT INFORMATION

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

NAME OF UNIT: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Monthly Meetings Held: Day: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Lady's Name: \_\_\_\_\_

ASSISTANT DIRECTOR: \_\_\_\_\_ 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: \_\_\_\_\_