2027 ALADDIN SHRINE DIRECTORY - UNIT INFORMATION

THIS FORM IS DUE TO THE ALADDIN SHRINE OFFICE BY OCTOBER 31, 2027. PLEASE COMPLETE ALL INFORMATION.

NAME OF UNIT: _____ Number of Members: _____
Monthly Meetings: 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: _____

EMAIL THIS FORM TO JJONES@ALADDINSHRINE.ORG