

CLUB & UNIT INFORMATION

Please return to the Temple Business Office
601 St. Louis Street, Springfield, MO 65806, by the Officers Seminar.

NAME OF CLUB/UNIT _____

RAJAH OR UNIT HEAD _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)

VICE RAJAH, VICE PRES. _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)

SECRETARY _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)

MEMBERSHIP CHAIRMAN _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)

PUBLIC RELATIONS CHAIRMAN _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)

HOSPITAL CHAIRMAN _____ Lady's Name _____
(full name, no nicknames, please)

ADDRESS _____
(complete with zip code)

PREFERRED TELEPHONE - _____ - _____ **E-MAIL** _____
(please include area code)