

# POCKET CALENDAR INFORMATION

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

NAME OF CLUB/UNIT \_\_\_\_\_

REGULAR MEETING DAY AS STATED IN CLUB/UNIT BYLAWS \_\_\_\_\_

**MEETINGS HELD:**  
JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC  
*CIRCLE THE MONTHS MEETINGS ARE HELD*

DATES OF CHARITABLE FUND-RAISERS TO INCLUDE ON THE CALENDAR PAGES:

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

NAME OF RAJAH OR UNIT HEAD \_\_\_\_\_

LADY'S GIVEN NAME \_\_\_\_\_ (full name, no nicknames, please)

ADDRESS \_\_\_\_\_

TELEPHONE - \_\_\_\_\_ (complete with zip code)  
E-MAIL \_\_\_\_\_  
(please include area code)

VICE-RAJAH, VICE-PRES, \_\_\_\_\_

LADY'S GIVEN NAME \_\_\_\_\_ (full name, no nicknames, please)

ADDRESS \_\_\_\_\_

TELEPHONE - \_\_\_\_\_ (complete with zip code)  
E-MAIL \_\_\_\_\_  
(please include area code)

PLEASE FILL IN ALL INFORMATION COMPLETELY.  
YOUR COOPERATION WILL MAKE THE POCKET CALENDAR BETTER FOR YOUR USE