

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