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

## Must be turned in BEFORE the Officers Seminar.

NAME OF CLUB/UNIT		
RAJAH OR UNIT HEAD		_Lady's Name
(full name, no nicknames, please) SHRINE ID#		
ADDRESS		
(complete with zip code)		
PREFERRED TELEPHONE	_ E-MAIL	
VICE RAJAH, VICE PRES		Lady's Name
(full name, no nicknames, pleas SHRINE ID#	se)	
ADDRESS		
(complete with zip code)		
PREFERRED TELEPHONE(please include area code)	E-MAIL	
(please include area code)		
SECRETARY(full name, no nicknames, please)		_Lady's Name
(full name, no nicknames, please) SHRINE ID#		
ADDRESS		<del></del>
(complete with zip code)		
PREFERRED TELEPHONE	_ E-MAIL	
TREASURER		Lady's .
(full name, no nickna	ames, please)	,
SHRINE ID#ADDRESS		
ADDRESS (complete with zip code)		
PREFERRED TELEPHONE -	E-MAIL	
PREFERRED TELEPHONE		
MEMBERSHIP CHAIRMAN(full name, no nicknames, p		Lady's Name
(full name, no nicknames, p	lease)	,
ADDRESS (complete with zip code)		
PREFERRED TELEPHONE		

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PUBLIC RELATIONS CHAIRMAN	Lady's Name
PUBLIC RELATIONS CHAIRMAN	es, please)
ADDRESS(complete with zip code)	
•	EMAH
PREFERRED TELEPHONE	E-MAIL
1	
HOSPITAL CHAIRMAN	Lady's Name
(full name, no nicknames, please) SHRINE ID#	
ADDRESS (complete with zip code)	
PREFERRED TELEPHONE	
BAR MANAGER (full name, no nicknames, please)	Lady's Name
(full name, no nicknames, please) SHRINE ID#	•
ADDRESS (complete with zip code)	
PREFERRED TELEPHONE	E-MAII.
(please include area code)	2 HI II
CONTACT FOR INVOICES	Lady's Name
(full name, no nicknames, please)	·
SHRINE ID#	
ADDRESS (complete with zip code)	
PREFERRED TELEPHONE	L WILL
Person responsible for annual financial statements	
i eison responsible for annual illiancial statements	•