

Abou BenAdhem

Club & Unit Information

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 _____
(please include area code)

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

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

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

CONTACT FOR INVOICES _____ Lady's Name _____
(full name, no nicknames, please)

SHRINE ID# _____

ADDRESS _____
(complete with zip code)

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

Person responsible for annual financial statements _____.