

ALADDIN SHRINE DIRECTORY – UNIT INFORMATION FORM

NAME OF UNIT: _____ Number of Members: _____
Monthly Meetings Held On: _____ Location: _____

DIRECTOR: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

ASSISTANT DIRECTOR: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

SECRETARY: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

TREASURER: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

MEMBERSHIP CHAIRMAN: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

TABLOID CHAIRMAN: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____

CIRCUS CHAIRMAN: _____ Member Number: _____
Address: _____
City, State & Zip: _____
Home/Cell Phone: _____ Work/Cell Phone: _____
Email Address: _____ Lady's Name: _____