ALADDIN SHRINE DIRECTORY - UNIT INFORMATION FORM

NAME OF UNIT	PHONE AREA CODE	
NO. OF MEMBERS	MONTHLY MEETING HELD ON:	
DIRECTOR'S NAME	MEMBERSHIP #	
STREET	WORK /CELL WIFE'S NAME AREA CODE AND NUMBER	ZIP
E-MAIL ADRESS		
ASST. DIRECTOR'S NAME	MEMBERSHIP #	
ADDRESS:STREET	CITY	7ID
HOME/CELL AREA CODE AND NUMBER	WORK/CELL WIFE'S NAME AREA CODE AND NUMBER	ZIP
E-MAIL ADDRESS		
ASST. DIRECTOR	MEMBERSHIP #	
ADDRESS:STREET	CITY	ZIP
HOME/CELL_ AREA CODE AND NUMBER	WORK/CELL. WIFE'S NAME AREA CODE AND NUMBER	
ASST. DIRECTOR	MEMBERSHIP #	
ADDRESS:		
ADDRESS: STREET HOME/CELL AREA CODE AND NUMBER	WORK/CELL WIFE'S NAME AREA CODE AND NUMBER	ZIP
	MEMBERSHIP #	
E-MAIL ADDRESS		
ADDRESS:STREET		ZIP
TREASURER'S NAME	MEMBERSHIP #	
E-MAIL ADDRESS		
CTDEET	WORK/CELL WIFE'S NAME AREA CODE AND NUMBER	ZIP
	MEMBERSHIP NO.	
ADDRESS: STREET HOME/CELL AREA CODE AND NUMBER	WORK/CELL WIFE'S NAME AREA CODE AND NUMBER	ZIP
TABLOID CHAIRMAN	MEMBERSHIP NO	
E-MAIL ADDRESS		
ADDRESS:STREET HOME/CELL:	CITY ZIP WORK/CELL NO. WIFE'S NAME AREA CODE AND NUMBER	
AREA CODE AND NUMBER	AREA CODE AND NUMBER	