2016 ALADDIN SHRINE DIRECTORY – UNIT INFORMATION FORM

NAME OF UNIT: Number of Members:

Monthly Meetings Held: Location:

DIRECTOR: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

ASSISTANT DIRECTOR: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

SECRETARY: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

TREASURER: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

MEMBERSHIP CHAIRMAN: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

TABLOID CHAIRMAN: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name:

CIRCUS CHAIRMAN: Member Number:

Address:

City, State & Zip:

Home Phone: Cell Phone:

Email Address: Lady’s Name: