CLUB & UNIT INFORMATION

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

NAME OF CLUB/UNIT		
RAJAH OR UNIT HEAD		Lady's Name
(full name, no nicknames, please)		
ADDRESS (complete with zip code)		
	F-MAII	
PREFERRED TELEPHONE (please include area code)	L 1 417 (11 L	
VICE RAJAH, VICE PRES		Lady's Name
(full name, no nicknames, please)		
ADDRESS (complete with zip code)		
DDEEEDDED TELEDHONE	EMAII	
PREFERRED TELEPHONE (please include area code)	E-WAIL	
SECRETARY		Lady's Name
SECRETARY (full name, no nicknames, please)		
ADDRESS (complete with zip code)		
PREFERRED TELEPHONE (please include area code)	E-MAIL	
MEMBERSHIP CHAIRMAN		Lady's Name
MEMBERSHIP CHAIRMAN (full name, no nicknames, please	e)	·
ADDRESS (complete with zip code)		
PREFERRED TELEPHONE (please include area code)	E-MAIL	
PUBLIC RELATIONS CHAIRMAN		Ladv's Name
(full name, no nickname	s, please)	Lady's Name
ADDRESS (complete with zip code)		
•		
PREFERRED TELEPHONE (please include area code)	E-MAIL	
HOSPITAL CHAIRMAN		Ladv's Name
HOSPITAL CHAIRMAN (full name, no nicknames, please)		
ADDRESS (complete with zip code)		
PREFERRED TELEPHONE (please include area code)	E-MAIL	