

PLEASE RETURN COMPLETED FORM TO THE RECORDER'S OFFICE

No later than NOVEMBER 15, 2014

Serving in the year of 2015

NAME OF SHRINE UNIT/COMMITTEE/ CLUB (please print)

PRESIDENT

NAME	_____	LADY:	_____
ADDRESS	_____	Res ph:	_____
CITY, ST., ZIP	_____	Bus ph:	_____
		cell:	_____
EMAIL:	_____	Fax:	_____

1ST VICE PRESIDENT

NAME	_____	LADY:	_____
ADDRESS	_____	Res ph:	_____
CITY, ST., ZIP	_____	Bus ph:	_____
		cell:	_____
EMAIL:	_____	Fax:	_____

SECRETARY

NAME	_____	LADY:	_____
ADDRESS	_____	Res ph:	_____
CITY, ST., ZIP	_____	Bus ph:	_____
		cell:	_____
EMAIL:	_____	Fax:	_____

TREASURER

NAME	_____	LADY:	_____
ADDRESS	_____	Res ph:	_____
CITY, ST., ZIP	_____	Bus ph:	_____
		cell:	_____
EMAIL:	_____	Fax:	_____