

2021 ZOR SHRINERS CLUB OFFICERS

DEADLINE: December 1, 2020

CLUB NAME: _____

PRESIDENT: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

SECRETARY: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

TREASURER: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

MEMBERSHIP CHAIRMAN: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

HOSPITAL CHAIRMAN: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

ZEPHYR CORRESPONDENT: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

CIRCUS CONTACT: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE - bus: (_____) _____ home: (_____) _____

WHICH PERSON ABOVE WILL GET ALL SHRINE CLUB MAILINGS? _____

REGULAR MEETING DATE:

(I.E. 1st Monday, 3rd Wednesday, etc.) _____