

2007 CHAPTER ELECTION RETURN

Chapter No. _____ Located at _____

(Street Address)

In District No. _____ Meeting night _____

(City)
Date of Election _____

Date of Installation _____

Please use *AREA CODE* with all telephone numbers.

HIGH PRIEST _____

R. A. CAPT. _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone: Home _____

Phone _____

Bus. _____

KING _____

M. 3RD VEIL _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone _____

Phone _____

SCRIBE _____

M. 2ND VEIL _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone _____

Phone _____

CAPT. OF HOST _____

M. 1ST VEIL _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone _____

Phone _____

PRIN. SOJ. _____

TREASURER _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone _____

Phone _____

EDUCATION OFFICER _____

GUARD _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone _____

Phone _____

SECRETARY _____

Home Address _____

Phone: Home _____

City _____ ZIP _____

Bus. _____

Address you want Chapter mail to go to:

Street _____

City _____ ZIP _____

CHAPTER

SEAL

Signature of secretary _____