

2018

BEN ALI SHRINE
P.O. BOX 21-4477
SACRAMENTO, CA. 95821
OFFICE 916-920-4107 FAX 916-920-0690
office@benalishrine.org

Please make sure the information submitted is correct. Type or print legibly.

UNIT _____ NUMBER OF MEMBERS _____

PRESIDENT NAME: _____ LADY: _____

ADDRESS: _____ CITY: _____

ZIP: _____ EMAIL: _____ upper or lower case

HOME _____

Cell: _____

VICE PRES. NAME: _____ LADY: _____

ADDRESS: _____ CITY: _____

ZIP: _____ EMAIL: _____ upper or lower case

HOME: _____

CELL: _____

SECRETARY NAME: _____ LADY: _____

ADDRESS: _____ CITY: _____

ZIP: _____ EMAIL: _____ upper or lower case

HOME _____ BUS _____ FAX _____

CELL: _____

TREASURER NAME: _____ LADY: _____

ADDRESS: _____ CITY: _____

ZIP: _____ EMAIL: _____ upper or lower case

HOME _____

CELL _____