

DIRECTORY INFORMATION SHEET, Term: _____

Please complete and return to the Grand Parlor Office AS SOON AS POSSIBLE

Parlor Name: _____ No.: _____

City: _____

Recording Secretary: _____

Phone: _____

Parlor Mailing Address: _____

Email: _____

Parlor President: _____

Phone: _____

President's Address: _____

Meeting:

Day(s)	Time(s)	Place
_____	_____	_____
_____	_____	_____

Meeting address: _____

