

Anticipated Officers

PLEASE FILL OUT COMPLETELY AND SUBMIT TO: MOROCCO SHRINERS - RECORDER
3800 ST JOHNS BLUFF ROAD S.
JACKSONVILLE FL 32224
TELEPHONE (904) 642-5200

Name of Organization _____

President

Name _____ Wife's Name _____

Street Address _____

City, State, Zip _____

E-mail _____

Preferred Telephone # _____

1st Vice President

Name _____ Wife's Name _____

Street Address _____

City, State, Zip _____

E-mail _____

Preferred Telephone # _____

2nd Vice President

Name _____ Wife's Name _____

Street Address _____

City, State, Zip _____

E-mail _____

Preferred Telephone # _____

Treasurer

Name _____ Wife's Name _____

Street Address _____

City, State, Zip _____

E-mail _____

Preferred Telephone # _____

Secretary

Name _____ Wife's Name _____

Street Address _____

City, State, Zip _____

E-mail _____

Preferred Telephone # _____