

2024 OFFICERS

UNIT OR CLUB _____

PRESIDENT _____ HOME PH. _____

ADDRESS _____ CELL PH. _____

CITY-STATE-ZIP _____ BUS. PH. _____

EMAIL _____

SECRETARY _____ HOME PH. _____

ADDRESS _____ CELL PH. _____

CITY-STATE-ZIP _____ BUS. PH. _____

EMAIL _____

TREASURER _____ HOME PH. _____

ADDRESS _____ CELL PH. _____

CITY-STATE-ZIP _____ BUS. PH. _____

EMAIL _____

UNIT MEMBERSHIP CHAIR _____ HOME PH. _____

ADDRESS _____ CELL PH. _____

CITY-STATE-ZIP _____ BUS. PH. _____

EMAIL _____

PLEASE COMPLETE THIS FORM AND MAIL TO THE TEMPLE OFFICE OR EMAIL.

info@elzagal.org

EL ZAGAL SHRINE
1429 3RD ST N
FARGO, ND 58102

**PLEASE ENCLOSE MEMBERSHIP LIST FOR YOUR UNIT OR CLUB
WITH NAME, ADDRESS, PHONE NUMBERS AND EMAIL ADDRESSES.**