

DIRECTORY FORM

COUNCIL **ASSEMBLY**
NUMBER _____ NAME _____
MEETING _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

MEETING	WEEK	DAY	TIME
GENERAL	_____	_____	_____
OFFICER	_____	_____	_____
CHURCH	_____	_____	_____

CIRCLE **GK** **FN**
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME _____
FAX _____
MOBILE _____
EMAIL _____

WIFE'S NAME _____

CIRCLE **FS** **FC**
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME _____
FAX _____
MOBILE _____
EMAIL _____

WIFE'S NAME _____

TURN OVER FOR CHAPLAIN

CHAPLAIN

FRIAR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____

FAX _____

MOBILE _____

EMAIL _____

SEND FINISHED FORM TO:
OREGON STATE COUNCIL

Michael Pranger

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