

**ILLINOIS STATE COUNCIL
2010-2011 DIRECTORY INFORMATION**

****PLEASE PRINT OR TYPE****

READ THIS BEFORE YOU COMPLETE THIS FORM. This information will appear in our State Directory: Please provide your **COMPLETE** address including: Directions (N, S, E, W), Avenue, Street, Drive, Lane, etc, Be sure to show your **PO Box, AND** your **HOUSE ADDRESS** The State Office needs **BOTH** addresses *** FIELD MUST BE COMPLETED IF APPLICABLE**

IF THERE IS NO CHANGE IN ASSEMBLY INFORMATION PLEASE CHECK BOX <input type="checkbox"/>	
ASSEMBLY NAME _____	ASSEMBLY# _____
MEETING LOCATION ADDRESS * _____	PO BOX # * _____ # OF MEMBERS _____
CITY _____	ZIP CODE +4 CODE (if Known) _____ - _____
MAILING (ADDRESS IF DIFFERENT) _____	
MEETING LOCATION PHONE: (____) _____	ARE YOU USING OUR WEBSITE? YES or NO
ASSEMBLY MEETS ON WHAT DAYS OF THE MONTH (i.e.: 2ND AND 4TH THURSDAYS) _____	
ASSEMBLY WEBSITE: _____	E-MAIL _____
<u>TYPE OF MEETING FACILITIES</u>	<u>CIRCLE ONE</u>
A) MEETS AT CHURCH OR SCHOOL HALL-ON MEETING NIGHTS ONLY	A
B) CLUBROOM-BUILDING - RENTAL-OPEN MEETING NIGHTS ONLY	B
C) CLUBROOM-K OF C FACILITY-OPEN TO MEMBERS ONLY	C
D) CLUBROOM-K OF C FACILITY-OPEN TO PUBLIC	D
E) OTHER: _____	E

IF THERE IS NO CHANGE IN FAITHFUL NAVIGATOR SINCE THE LAST DIRECTORY PLEASE CHECK BOX

2010-2011 FAITHFUL NAVIGATOR

NAME _____ SPOUSE'S NAME _____

HOUSE ADDRESS * _____ APT, UNIT, LOT # * _____

AND PO BOX # * _____ CITY _____ ZIP CODE +4 CODE (if known) _____ - _____

PHONE * (____) _____ BUSINESS (____) _____ FAX (____) _____ - _____

E-MAIL ADDRESS _____

IF THERE IS NO CHANGE IN FAITHFUL COMPTROLLER SINCE THE LAST DIRECTORY PLEASE CHECK BOX

FAITHFUL COMPTROLLER

NAME _____ SPOUSE'S NAME _____

HOUSE ADDRESS: * _____ APT, UNIT, LOT # * _____

AND PO BOX # * _____ CITY _____ ZIP CODE + 4 CODE (if known) _____ - _____

PHONE * (____) _____ BUSINESS (____) _____ FAX (____) _____

E-MAIL ADDRESS _____