



LADIES AUXILIARY INFORMATION SHEET

2007 – 2008 Directory Information

NAME OF AUXILIARY _____ # Of Members _____

NAME OF COUNCIL AFFILIATED WITH _____ COUNCIL # _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

WHEN WAS AUXILIARY STARTED? _____

AUXILIARY MEETING TIMES _____

WHERE AUXILIARY MEETS _____

LADIES AUXILIARY PRESIDENT

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE: _____ BUS. PHONE: _____

Email Address _____

LADIES AUXILIARY SECRETARY

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE: _____ BUS. PHONE _____

Email _____

Return copies to: Illinois State Council
Office Manager
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