

# *The Golden Chain of Friendship*

## *Roster Book ~ Information Sheet*

Please fill out the following information and send it to me as soon as possible after your Chapter's elections.

Jenna Gapinski

314 Rivera Drive

262-896-0520 Home

Waukesha, WI 53189

**jkgjewelry@hotmail.com**

Chapter Name \_\_\_\_\_

Chapter Address \_\_\_\_\_

Chapter Phone \_\_\_\_\_

Meeting Dates / Times \_\_\_\_\_

Installation Date / Time (will this be open or closed) \_\_\_\_\_

### Contact Person to Send a Copy of your Chapter's Information to PROOF

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**TURN OVER**

***(provide officer information on the back of this sheet, please)***

Worthy Matron \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Worthy Patron \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Associate Matron \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Associate Patron \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Conductress \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Assoc. Conductress \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Secretary \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Treasurer \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_