Send one copy to Family Living Agent and one to Center Chairman directly after first meeting of the year.

Local Organization

Name:		(Month -			
Name:	Ac	ddress:	Phone #		
Name:		ddress:	Phone #		
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Our regular club meeting is			Of each month. Time:		
	:				
Leader's Name	Α	ddress	Telephone #		
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	-	7-7-1			
	Leader's Name	Leader's Name	Leader's Name Address		