

Adult Chapter Roster

			20
Chapter Number	_ Location (City)		State
Adult Chapters An adult chapter must have thr more than one office.	ee officers to qualify as a cha	pter. An individual r	nay not hold
President			
Name (please print)			
Street address (include P.O. box	x)		
City		State	ZIP
Telephone Number (include are	ea code)		
Email Address			
Do you use Facebook? ☐ Yes	□No		
Secretary-Treasurer Name (please print)			
Street address (include P.O. box	x)		
City		State	ZIP
Telephone Number (include are	ea code)		
Email Address	•		
Do you use Facebook? ☐ Yes			
Event Planner Name (please print)			
Street address (include P.O. box			710
City			
Telephone Number (include are			
Email Address			
Do you use Facebook? \square Yes	□No		



230 16th Street • Rock Island, Illinois 61201 • Phone: (309) 788-4561 • Toll-free: (800) 627-4762

E-mail: contact@royalneighbors.org • Web site: royalneighbors.org

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Social Media Coordinator (Optional)

Name (please print)			
Street address (include P.O. box)			
City	State	ZIP	
Telephone Number (include area code)			
Email Address			
Do you use Facebook? ☐ Yes ☐ No			



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