



STATE DEPUTY ADDRESS FORM

DATE: _____

MEMO TO: Supreme Council Department of Fraternal Services

FROM: State Deputy _____

Jurisdiction _____

RE: **ADDRESSES FOR USE DURING 2011 - 2012 FRATERNAL YEAR**

A. ADDRESS FOR USE IN FORWARDING REGULAR LETTER MAIL

Street Address: _____

City: _____ State/ Province: _____

Zip/ Postal Code: _____

Telephone Bus:() _____ Email: _____

FAX:() _____ Res:() _____

B. STREET ADDRESS FOR USE IN FORWARDING CARTONS OF PROGRAM MATERIALS, PLAQUES AND/OR TROPHIES

Street Address: _____
(Must be a street address - P.O. Box not accepted)

City: _____ State/ Province: _____

Zip/ Postal Code: _____

PLEASE COMPLETE AND RETURN TO SUPREME COUNCIL BY JUNE 3, 2011:

**DEPARTMENT OF FRATERNAL SERVICES
1 COLUMBUS PLAZA
NEW HAVEN, CT 06510-3326
FAX: (203) 752-4108**