



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

The district chairpersons shown are designated by the International Board of Directors. Please do not change the titles. This information may be submitted directly through MyLCI instead of completing this form, which is the preferred method of reporting or by emailing the form to us at memberservicecenter@lionsclubs.org. If chairperson prefers information to be sent to an address other than his/her home address, please provide address on business line.

Each of these positions is an optional appointment.

CHILDHOOD CANCER

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

CONVENTION

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District_____

DIABETES

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

ENVIRONMENT

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

HONORARY

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

HUNGER

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

INFORMATION TECHNOLOGY

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

LCIF COORDINATOR

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

LEO CLUB (3 year appointment)

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

LIONS QUEST (3 year appointment)

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

MARKETING COMMUNICATIONS

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District_____

PEACE POSTER CONTEST

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

VISION

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

YOUTH CAMP & EXCHANGE

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District_____

GLOBAL ACTION TEAM
DISTRICT COORDINATORS

GLOBAL LEADERSHIP TEAM COORDINATOR

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

GLOBAL MEMBERSHIP TEAM COORDINATOR

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

GLOBAL SERVICE TEAM COORDINATOR

First Name: _____ Last Name: _____

Member Number: _____ Club Number: _____ Club Name: _____

Home Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Business Address: _____ City: _____

State/Province/Country: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____