



DISTRICT CABINET OFFICERS REPORTING FORM

Lion Year 20_____ - 20_____ District _____

PLEASE PRINT OR TYPE

Cabinet Secretary

Name: _____
First/Given Name Middle Initial Last/Family Name

Member Number: _____ Email: _____

Club Number: _____ Club Name: _____

Home Address: _____

City State/Province/Country Postal/Zip Code

Billing Address: _____

City State/Province/Country Postal/Zip Code

Telephone: (Bus) _____ (Res.) _____

Cell (mobile) _____ Fax: _____

Cabinet Treasurer

same as Cabinet Secretary

Name: _____
First/Given Name Middle Initial Last/Family Name

Member Number: _____ Email: _____

Club Number: _____ Club Name: _____

Home Address: _____

City State/Province/Country Postal/Zip Code

Billing Address: _____

City State/Province/Country Postal/Zip Code

Telephone: (Bus) _____ (Res.) _____

Cell (mobile) _____ Fax: _____

Please send to:

Lions Clubs International
English Language Department
300 West 22nd Street
Oak Brook, IL 60523-8842, USA
Email: englishlanguage@lionsclubs.org
Fax: 630-706-9273

Signature: _____ Date: _____
District Governor