



DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year _____ District _____

The district chairpersons shown are designated by the International Board of Directors. Please do not change the titles. This form may be completed and submitted: 1) by mail or fax at 630-706-9273; 2) electronically through the WMMR association’s membership website; 3) by e-mail to: englishlanguage@lionsclubs.org. **If chairperson prefers information to be sent to an address other than his/her home address, please provide address on billing address line. Submit completed information by July 1st.**

The district chairpersons below serve for one year, although re-appointment is permissible. There are two chairpersons that are appointed for three years. They are: Leo club and Lions Quest. For these positions, Youth Camp and Exchange Chairpersons and the GMT/GLT District Coordinators you will receive separate forms from the appropriate LCI departments/divisions.

LIONS ALERT

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

CONVENTION

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

CULTURAL AND COMMUNITY ACTIVITIES

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

INFORMATION TECHNOLOGY

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

LIONS SERVICES FOR CHILDREN

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

INTERNATIONAL RELATIONS

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

SIGHT PRESERVATION, AWARENESS AND ACTION

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

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

Billing Address _____

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

Business Phone _____

Home Phone _____ Mobile Phone _____

Fax _____

Email _____

