



BIOGRAPHICAL INFORMATION

Multiple District Officers

Multiple District _____ Fiscal Year _____

1. The information on this form will become part of the permanent records of Lions Clubs International. Please type or print information **as you wish it to appear in the International Directory, name badge**, other records and documents. **We reserve the right to abbreviate due to space limitations.** Send by e-mail completed information to englishlanguage@lionsclubs.org or mail, or fax to address below by July 1st.

2. Send this form back to: **Lions Clubs International
English Language Department
300 W 22nd Street
Oak Brook, IL 60523-8842, USA
Fax: 630-706-9189**

COUNCIL CHAIRPERSON

Name: _____
Last/Surname First Middle Initial

Home Address: _____

_____ City State/Province/Country Postal/Zip Code
Billing Address: _____

_____ City State/Province/Country Postal/Zip Code

Telephone (Bus): _____ Telephone (Res): _____
Fax: _____ E-mail: _____

Home Club: _____ Home Club Number: _____

Member Number: _____ Male Female

Adult Companion Badge and Directory Listing (one per district governor)

Companion's Name: _____
Last/Surname First Middle Initial

Companion Relationship: (check the most appropriate) this title will appear on their official name badge.

Spouse Companion Wife Husband Son Daughter Partner Partner in Service

Other appropriate designation: _____

Do you want your companion's name listed next to your name in the International Directory and Vital? Yes No

COUNCIL SECRETARY

Name: _____
Last/Surname First Middle Initial

Home Address: _____

_____ City State/Province/Country Postal/Zip Code

Billing Address: _____

_____ City State/Province/Country Postal/Zip Code

Telephone (Bus): _____ Telephone (Res): _____
Fax: _____ E-mail: _____

Home Club: _____ Home Club Number: _____

Member Number: _____ Male Female

Spouse's Name: _____
Last/Surname First Middle Initial

COUNCIL TREASURER

Name: _____
Last/Surname First Middle Initial

Home Address: _____

_____ City State/Province/Country Postal/Zip Code
Billing Address: _____

_____ City State/Province/Country Postal/Zip Code

Telephone (Bus): _____ Telephone (Res): _____

Fax: _____ E-mail: _____

Home Club: _____ Home Club Number: _____

Member Number: _____ Male Female

Spouse's Name: _____
Last/Surname First Middle Initial

Signature: _____ Date: _____
Council Chairperson