



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year _____ Multiple District _____

This form can be completed and submitted two ways: 1) on paper by mail or fax, or, 2) electronically through the association's membership Web site. **If chairperson prefers information to be sent to an address other than his/her home address, please provide address on billing address lines on paper copy; type or print on the paper copy. Please complete and submit by July 31st. Send completed information by e-mail to englishlanguage@lionsclubs.org or mail, or fax to address below.**

**English Language Department
Lions Clubs International
300 W 22nd Street
Oak Brook, IL 60523-8842, USA
Fax: 630-706-9273**

The multiple 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 you will receive separate forms from the appropriate LCI departments/divisions.

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
Bus. Phone No. _____		
Res. Phone No. _____		
Fax No. _____		
E-Mail _____		

DIABETES 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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

HEARING 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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

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 _____

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

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
------	------------------------	-----------------

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

PROTOCOL

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
------	------------------------	-----------------

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

PUBLIC RELATIONS AND LIONS INFORMATION

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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

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
------	------------------------	-----------------

Bus. Phone No.		
----------------	--	--

Res. Phone No.		
----------------	--	--

Fax No.		
---------	--	--

E-Mail		
--------	--	--

YOUTH (LIONS OPPORTUNITIES FOR YOUTH)

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 _____

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

YOUTH CAMP AND EXCHANGE

To appoint a Youth Camp and Exchange Chairperson for your district or multiple district, please use the Annual District/Multiple District Youth Camp and Exchange Report Form (YCE 510A Form) that will be mailed to all district governors and council chairpersons.

Questions about this chairperson appointment can be directed to the Youth Programs Department at ye@lionsclubs.org.

Signature of Council Chairperson _____ Date: _____