



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Year 2008-2009 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 Kathleen.Kovacec@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: 630-706-9189

The multiple district chairpersons serve for one year, although re-appointment is permissible. The exceptions are the multiple district campus club, extension, leadership development, membership, retention, and women's development and participation chairpersons who have three-year terms. These six chairpersons are not listed in this form. The divisions in charge collect their names and addresses when new appointments are necessary.

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

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 _____

LCIF

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 _____

LEO CLUB

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 QUEST

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
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First Name	Middle Initial	Last/Surname
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Home Address _____

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

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

SIGHT CONSERVATION AND WORK WITH THE BLIND

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address _____

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

City	State/Province/Country	Postal/Zip Code
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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

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 _____

Signature of Council Chairperson _____ Date: _____