

MULTIPLE DISTRICT CHAIRPERSON REPORT FORM FISCAL YEAR 20___ 20___ DISTRICT __

The multiple district chairpersons below serve for one year, although re-appointment is permissible. For Youth Camp and Exchange Chairpersons you will receive separate forms from the appropriate LCI departments/divisions.

This information may be submitted directly through MyLCI instead of completing this form, which is the preferred method of reporting. If the 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 31 via fax (630) 571-1687 or by email memberservicecenter@lionsclubs.org

CONVENTION Last Name/Surname First Name Int. Member Number Home Club Name Home Club Number Home Address State/Province Zip/Postal Code City Country **Business Address** State/Province Zip/Postal Code City Country Email Phone Mobile Fax **DIABETES (Optional)** First Name Last Name/Surname Member Number Home Club Name Home Club Number Home Address State/Province City Country Zip/Postal Code **Business Address** City State/Province Country Zip/Postal Code **Email**

Fax

Mobile

Phone

ENVIRONMENT (Optional)

ember Number Home Club Name		Last Name/Surname			
		'	Home Club Number		
Home Address					
City	State/Province	Country		Zip/Postal Code	
Business Address					
City	State/Province	Country		Zip/Postal Code	
Email					
Phone	Mobile		Fax		
HUNGER (Optional)					
	Int.	Last Nam	ne/Surname		
Member Number	Home Club Name	Home Club Name		Home Club Number	
Home Address					
City	State/Province	Country		Zip/Postal Code	
Business Address					
City	State/Province	Country		Zip/Postal Code	
Email					
Phone			 Fax		

INFORMATION TECHNOLOGY

First Name	Int.	Last Nar	ne/Surname	
Member Number	Home Club Name		Home Club Number	
Home Address				
City	State/Province	Country	Zip/Postal Cod	
Business Address				
City	State/Province	Country	Zip/Postal Cod	
Email				
Phone	Mobile		- Fax	
PEDIATRIC CANCER (Option	al)			
First Name	Int.	Last Nar	ne/Surname	
Member Number	Home Club Name		Home Club Number	
Home Address				
City	State/Province	Country	Zip/Postal Cod	
Business Address				
City	State/Province	Country	Zip/Postal Cod	
Email				
Phone		·····	Fax	

PROTOCOL

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	Int.	Last Name,	/Surname
Member Number	er Number Home Club Name		Home Club Number
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mail			
hone	 Mobile		
rst Name	Int.	Last Name,	/Surname
	Int. Home Club Name	Last Name,	/Surname Home Club Number
lember Number		Last Name,	
rst Name Iember Number ome Address		Last Name,	
lember Number ome Address	Home Club Name		Home Club Number
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lember Number ome Address ity usiness Address	Home Club Name State/Province	Country	Home Club Number Zip/Postal Code

READING ACTION PROGRAM

First Name	Int. Last Name/S		e/Surname	Surname	
Member Number	Home Club Name		Home Club Number		
Home Address					
City	State/Province	Country		Zip/Postal Code	
Business Address					
City	State/Province	Country		Zip/Postal Code	
Email					
Phone	Mobile		Fax		
VISION (Optional)					
First Name	Int.	 Last Name	e/Surname		
Member Number	Home Club Name		Home Club Number		
Home Address					
City	State/Province	Country		Zip/Postal Code	
Business Address					
City	State/Province	Country		Zip/Postal Code	
Email					
Phone	 Mobile		———— Fax		

GLOBAL ACTION TEAM MULTIPLE DISTRICT COORDINATORS

Multiple District GLT, GMT and GST Coordinators will be selected by the multiple district (per the multiple district constitution and by-laws) as a non-voting member of the council of governors for a three-year term and may serve multiple terms. More information about the current term and roles may be found on the Global Action Team webpage.

GLOBAL LEADERSHIP TEAM COORDINATOR First Name Int. Last Name/Surname Member Number Home Club Number Home Club Name Home Address City State/Province Zip/Postal Code Country **Business Address** City State/Province Zip/Postal Code Country Email Phone Mobile Fax GLOBAL MEMBERSHIP TEAM COORDINATOR First Name Last Name/Surname Home Club Name Home Club Number Member Number Home Address City Zip/Postal Code State/Province Country **Business Address** State/Province Zip/Postal Code City Country Email Phone Mobile Fax

GLOBAL SERVICE TEAM COORDINATOR

First Name	Int.	Last Name/Su	rname	
Member Number	Home Club Name		Home Club Number	
Home Address				
City	State/Province	Country	Zip/Postal Code	
Business Address				
City	State/Province	Country	Zip/Postal Code	
 Email				
Phone	 Mobile		Fax	