



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](https://mylci.org) 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

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First Name	Int.	Last Name/Surname
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Member Number	Home Club Name	Home Club Number
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Home Address		
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City	State/Province	Country
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Business Address		
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Phone	Mobile	Fax

DIABETES (Optional)

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First Name	Int.	Last Name/Surname
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Member Number	Home Club Name	Home Club Number
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Home Address		
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Phone	Mobile	Fax

ENVIRONMENT (Optional)

First Name	Int.	Last Name/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	

HUNGER (Optional)

First Name	Int.	Last Name/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	

INFORMATION TECHNOLOGY

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Member Number	Home Club Name	Home Club Number	
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Home Address			
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PEDIATRIC CANCER (Optional)

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Member Number	Home Club Name	Home Club Number	
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Phone	Mobile	Fax	

PROTOCOL

First Name		Int.	Last Name/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	

PUBLIC RELATIONS AND LIONS INFORMATION

First Name		Int.	Last Name/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	

READING ACTION PROGRAM

First Name	Int.	Last Name/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/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 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 MEMBERSHIP TEAM COORDINATOR

_____		_____	_____	
First Name		Int.	Last Name/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				
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Phone		Mobile	Fax	

GLOBAL SERVICE TEAM COORDINATOR

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First Name		Int.	Last Name/Surname	
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Business Address				
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Phone		Mobile	Fax	