



ANNUAL REPORT FOR LEO DISTRICTS AND MULTIPLE DISTRICTS

For fiscal year beginning July 1, 20____

To expedite reporting, appoint new Leo district/multiple district officers via [MyLCI](#). For assistance, watch this brief [online video tutorial](#). If you are unable to report via MyLCI, submit this form to Lions Clubs International as soon as possible. **Please type or print clearly.** A Leo district may be formed when there are 6 or more Leo clubs within the Lions district. A Leo multiple district may be formed when there are 10 or more Leo clubs within the Lions multiple district.

Please check only one: **Leo District Number** _____ **Leo Multiple District Number** _____

Leo District/Multiple District Officers:

President First (Given) Name _____	Last (Family) Name _____
Leo Club Name _____	Leo Member ID Number _____ Gender _____ Year of Birth _____
Street Address _____	
City _____	State _____ Postal Code _____ Country _____
Preferred Phone _____	*Personal Email _____
*A unique email address is required for communication purposes.	

Vice President First (Given) Name _____	Last (Family) Name _____
Leo Club Name _____	Leo Member ID Number _____ Gender _____ Year of Birth _____
Street Address _____	
City _____	State _____ Postal Code _____ Country _____
Preferred Phone _____	*Personal Email _____

Secretary First (Given) Name _____	Last (Family) Name _____
Leo Club Name _____	Leo Member ID Number _____ Gender _____ Year of Birth _____
Street Address _____	
City _____	State _____ Postal Code _____ Country _____
Preferred Phone _____	*Personal Email _____

Treasurer First (Given) Name _____	Last (Family) Name _____
Leo Club Name _____	Leo Member ID Number _____ Gender _____ Year of Birth _____
Street Address _____	
City _____	State _____ Postal Code _____ Country _____
Preferred Phone _____	*Personal Email _____

District/Multiple District Leo Chairperson Authorization:

Leo district and multiple district officers will receive lapel pins in recognition of their appointment. Lapel pins will be sent to the district/multiple district Leo chairperson. **Prior to submitting this form, please verify that the address listed below is correct.** By signing below, I confirm that the information provided on this form is correct and complete.

_____	_____	_____	_____
District/MD Leo Chairperson Name	Member ID Number	Signature	Date
Street Address _____		City _____	
State _____	Postal Code _____	Country _____	