



CLUB REACTIVATION REPORT

_____ Club Name _____ Club Number _____ District

The following items are to be completed prior to submitting the form:

- Club has paid its account balance (attach copy of receipt).
- Club has minimum of ten members.

US\$35 per new member and current semi-annual membership dues will be billed directly to the club after it is returned to active status.

CLUB OFFICERS

1. PRESIDENT

Name _____ **Member Number** _____ **Former Club Name and Number (if transfer)** _____

Address _____ **Postal Code** _____

Sponsor Name and Number (if new member) _____ **Family Unit** Yes _____
 No _____ **Head of Household Name (if applicable)** _____

2. FIRST VICE PRESIDENT

Name _____ **Member Number** _____ **Former Club Name and Number (if transfer)** _____

Address _____ **Postal Code** _____

Sponsor Name and Number (if new member) _____ **Family Unit** Yes _____
 No _____ **Head of Household Name (if applicable)** _____

3. SECRETARY

Name _____ **Member Number** _____ **Former Club Name and Number (if transfer)** _____

Address _____ **Postal Code** _____

Sponsor Name and Number (if new member) _____ **Family Unit** Yes _____
 No _____ **Head of Household Name (if applicable)** _____

4. **TREASURER**

Name Member Number Former Club Name and Number (if transfer)

Address Postal Code

Sponsor Name and Number (if new member) Family Unit Yes No Head of Household Name (if applicable)

5. **MEMBERSHIP CHAIRPERSON**

Name Member Number Former Club Name and Number (if transfer)

Address Postal Code

Sponsor Name and Number (if new member) Family Unit Yes No Head of Household Name (if applicable)

6. **SERVICE CHAIRPERSON**

Name Member Number Former Club Name and Number (if transfer)

Address Postal Code

Sponsor Name and Number (if new member) Family Unit Yes No Head of Household Name (if applicable)

7. **MARKETING COMMUNICATIONS CHAIRPERSON**

Name Member Number Former Club Name and Number (if transfer)

Address Postal Code

Sponsor Name and Number (if new member) Family Unit Yes No Head of Household Name (if applicable)

8. **LCIF COORDINATOR**

Name Member Number Former Club Name and Number (if transfer)

Address Postal Code

Sponsor Name and Number (if new member) Family Unit Yes No Head of Household Name (if applicable)

ADDITIONAL MEMBERS

9. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

_____ Family Unit Yes _____
Sponsor Name and Number (if new member) No Head of Household Name (if applicable)

10. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

_____ Family Unit Yes _____
Sponsor Name and Number (if new member) No Head of Household Name (if applicable)

11. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

_____ Family Unit Yes _____
Sponsor Name and Number (if new member) No Head of Household Name (if applicable)

12. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

_____ Family Unit Yes _____
Sponsor Name and Number (if new member) No Head of Household Name (if applicable)

13. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

_____ Family Unit Yes _____
Sponsor Name and Number (if new member) No Head of Household Name (if applicable)

14. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

Sponsor Name and Number (if new member) Family Unit Yes _____
 No Head of Household Name (if applicable)

15. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

Sponsor Name and Number (if new member) Family Unit Yes _____
 No Head of Household Name (if applicable)

16. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

Sponsor Name and Number (if new member) Family Unit Yes _____
 No Head of Household Name (if applicable)

17. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

Sponsor Name and Number (if new member) Family Unit Yes _____
 No Head of Household Name (if applicable)

18. _____
Name Member Number Former Club Name and Number (if transfer)

Address _____ Postal Code _____

Sponsor Name and Number (if new member) Family Unit Yes _____
 No Head of Household Name (if applicable)

DISTRICT OFFICERS SIGNATURES

These signatures attest that this form and the officers reporting form have been correctly filled out. Please send the form to the English Language Department at Lions Clubs International via email clubstatus@lionsclubs.org or fax (630) 468-6890.

District Governor's Signature

Date

First Vice District Governor's Signature

Date

Zone Chairperson's Signature

Date