



# Club Quality Initiative Final Report and Feedback

District: \_\_\_\_\_

Club Name: \_\_\_\_\_

Club Number: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Did Assessment 1 help your club in enhancing its service impact?

Yes  No

In what way? \_\_\_\_\_  
\_\_\_\_\_

Did Assessment 2 help your club reshape public opinion and improve your club's visibility?

Yes  No

In what way? \_\_\_\_\_  
\_\_\_\_\_

Did Assessment 3 help your club pursue organizational excellence?

Yes  No

In what way? \_\_\_\_\_  
\_\_\_\_\_

Did Assessment 4 help your club improve member value and reach new markets?

Yes  No

In what way? \_\_\_\_\_  
\_\_\_\_\_

Please provide feedback on how the Club Quality Initiative Program can be improved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Submitted By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Member Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Submit this completed form to the District & Club Administration Division at Lions Clubs International via email  
[clubqualityinitiatives@lionsclubs.org](mailto:clubqualityinitiatives@lionsclubs.org) or fax 630-706-9163.

