



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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household Name (if applicable)

ADDITIONAL MEMBERS

9.

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)

10.

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)

11.

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)

12.

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)

13.

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)

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)

19.

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Name	Member Number	Former Club Name and Number (if transfer)
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Address		Postal Code
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Sponsor Name and Number (if new member)		Family Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
		Head of Household Name (if applicable)

20.

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Name	Member Number	Former Club Name and Number (if transfer)
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Address		Postal Code
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Sponsor Name and Number (if new member)		Family Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
		Head of Household Name (if applicable)

GUIDING LION (optional)

As agreed upon by the club president and district governor, the following Lion will serve as the club's Guiding Lion.

Name: _____ Member Number: _____
Club Name: _____ Club Number: _____
Email Address: _____

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Club President Signature	Date

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 International via email clubstatus@lionsclubs.org.

District Governor’s Signature

Date

First Vice District Governor’s Signature

Date

Zone Chairperson’s Signature

Date