

Fiscal Year 20_____- 20_____District______

The district chairpersons shown are designated by the International Board of Directors. Please do not change the titles. This information may be submitted directly through MyLCI instead of completing this form, which is the preferred method of reporting or by emailing the form to us at memberservicecenter@lionsclubs.org. If chairperson prefers information to be sent to an address other than his/her home address, please provide address on business line.

Each of these positions is an optional appointment.

CHILDHOOD CANCER			
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			e):
CONVENTION First Name:		Last Name	
Home Address:			City:
State/Province/Country:			
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			e):



Fiscal Year 20____- 20____District_____

DIABETES

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			e):
ENVIRONMENT			
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):		Cell (mobile	e):
HONORARY			
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):		Cell (mobile	e):



Fiscal Year 20____ - 20____ District_____

HUNGER

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			a):
INFORMATION TECHNOLOG	Y		
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			<u>a</u>):
LCIF COORDINATOR			
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):			e):



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LEO CLUB (3 year appointment)

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):		Cell (mobile	e):
LIONS QUEST (3 year app	ointment)		
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):		Cell (mobile	a):
MARKETING COMMUNICAT	TIONS		
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
Email:			
Telephone (Residence):		Cell (mobile	



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PEACE POSTER CONTEST

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:		City:	
State/Province/Country:		Postal/Zip Code:	
Business Address:		City:	
State/Province/Country:		Postal/Zip Code:	
Email:			
VISION			
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:		City:	
State/Province/Country:		Postal/Zip Code:	
Business Address:		City:	
State/Province/Country:		Postal/Zip Code:	
Email:			
YOUTH CAMP & EXCHANG	:F		
First Name:		Last Name:	
		Club Name:	
Telephone (Residence):		Cell (mobile):	



Fiscal Year 20____- 20____District_____

GLOBAL ACTION TEAM DISTRICT COORDINATORS

GLOBAL LEADERSHIP TEAM COORDINATOR

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			
Telephone (Residence): Cell (mobile):		e):	
GLOBAL MEMBERSHIP TEAM	COORDINATOR		
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:			City:
State/Province/Country:			Postal/Zip Code:
Business Address:			City:
State/Province/Country:			Postal/Zip Code:
			· · ·
Telephone (Residence):			e):



Fiscal Year 20____- 20____District_____

GLOBAL SERVICE TEAM COORDINATOR

First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:		City:	
State/Province/Country:		Postal/Zip	Code:
Business Address:		City:	
State/Province/Country:		Postal/Zip	Code:
Email:			
GLOBAL EXTENSION TEAM	vi coordinator		
First Name:		Last Name:	
Member Number:	Club Number:	Club Name:	
Home Address:		City:	
State/Province/Country:		Postal/Zip	Code:
Business Address:			
State/Province/Country:		Postal/Zip	Code:
Email:			
		Call (mobile):	