



DISTRICT CABINET OFFICERS REPORTING FORM

Lion Year 20____ - 20____ District _____

Cabinet Secretary 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): _____

Cabinet Treasurer Name: _____

☐ Same as Cabinet Secretary

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): _____

District Governor Signature: _____

Date: _____