



**2009-2010**  
**BIOGRAPHICAL INFORMATION**  
**Multiple District Officers**  
**Multiple District \_\_\_\_\_**

1. The information on this form will become part of the permanent records of Lions Clubs International. Please type or print information **as you wish it to appear in the International Directory, name badge**, other records and documents. **We reserve the right to abbreviate due to space limitations.** Send by e-mail completed information to [Kathleen.Kovacec@lionsclubs.org](mailto:Kathleen.Kovacec@lionsclubs.org) or mail, or fax to address below.

2. Send this form back to: **Lions Clubs International**  
**English Language Department**  
**300 W 22<sup>nd</sup> Street**  
**Oak Brook, IL 60523-8842, USA**  
**Fax: 630-706-9189**

**COUNCIL CHAIRPERSON**

Name: \_\_\_\_\_  
Last/Surname First Middle Initial

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City State/Province/Country Postal/Zip Code

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State/Province/Country Postal/Zip Code

Telephone (Bus): \_\_\_\_\_ Telephone (Res): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Club: \_\_\_\_\_ Home Club Number: \_\_\_\_\_  
Member Number: \_\_\_\_\_ Male  Female

Spouse's Name: \_\_\_\_\_  
Last/Surname First Middle Initial

**COUNCIL SECRETARY**

Name: \_\_\_\_\_  
Last/Surname First Middle Initial

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City State/Province/Country Postal/Zip Code

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State/Province/Country Postal/Zip Code

Telephone (Bus): \_\_\_\_\_ Telephone (Res): \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home Club: \_\_\_\_\_ Home Club Number: \_\_\_\_\_  
Member Number: \_\_\_\_\_ Male  Female

Spouse's Name: \_\_\_\_\_  
Last/Surname First Middle Initial

**COUNCIL TREASURER**

Name: \_\_\_\_\_  
Last/Surname First Middle Initial

Home Address: \_\_\_\_\_

\_\_\_\_\_ City State/Province/Country Postal/Zip Code

Billing Address: \_\_\_\_\_

\_\_\_\_\_ City State/Province/Country Postal/Zip Code

Telephone (Bus): \_\_\_\_\_ Telephone (Res): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Member Number: \_\_\_\_\_ Male  Female

Spouse's Name: \_\_\_\_\_  
Last/Surname First Middle Initial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Council Chairperson