2009-2010
CABINET OFFICERS REPORTING FORM
District_____

Please complete the following information for the cabinet officers of the district. This information can be completed and submitted: 1) by mail or fax, or 2) electronically through the association's membership Web site. **If officer prefers information to be sent to an address other than his/her home address, please provide address on billing address lines on paper copy.** Paper copies can be returned by mail to the English Language Department, 300 W. 22nd Street, Oak Brook, IL 60523-8842, USA or e-mail to kathleen.kovacec@lionsclubs.org. The fax number is 630-706-9189. Return completed paper copy by May 1.

CABINET SECRETARY

Name: _____
Last/Surname First Middle Initial

Home Club Name: _____ Home Club Number _____

Member Number: _____ Male ☐ Female ☐

Home Address: _____

_____
City State/Province/Country Postal/Zip Code

Billing Address: _____

_____
City State/Province/Country Postal/Zip Code

Telephone: (Bus.) _____ (Res.) _____

Fax: _____ E-mail: _____

CABINET TREASURER (If same as cabinet secretary, please so state.)

Name: _____
Last/Surname First Middle Initial

Home Club Name: _____ Home Club Number _____

Member Number: _____ Male ☐ Female ☐

Home Address: _____

_____
City State/Province/Country Postal/Zip Code

Billing Address: _____

_____
City State/Province/Country Postal/Zip Code

Telephone: (Bus.) _____ (Res.) _____

Fax: _____ E-mail: _____

2009-2010 District Governor Signature: _____ Date: _____