



DISTRICT CHAIRPERSON REPORT FORM

Year 2009-2010 District _____

The district chairpersons shown are designated by the International Board of Directors. Please do not change the titles. This form can be completed and submitted: 1) by mail or fax 2) electronically through the association's membership Web site. **If chairperson prefers information to be sent to an address other than his/her home address, please provide address on billing address lines on paper copy.** Please send paper copy to the English Language Department, 300 W. 22nd Street, Oak Brook, IL 60523-8842. The fax is 630-706-9189. Send completed information by e-mail to kathleen.kovacec@lionsclubs.org. Please type or print on the paper copy. **Please complete and submit by July 1st.**

The district chairpersons serve for one year, although re-appointment is permissible. The exceptions are the campus club, extension, leadership, membership, retention, family and women's membership development and Leo club chairpersons who have three-year terms. These seven chairpersons are not listed on this form. Their names and addresses are collected by the divisions in charge when new appointments are due.

CONVENTION

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address _____

City	State/Province/Country	Postal/Zip Code
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Billing Address _____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

CULTURAL & COMMUNITY ACTIVITIES

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address _____

City	State/Province/Country	Postal/Zip Code
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Billing Address _____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

DIABETES AWARENESS

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address _____

City	State/Province/Country	Postal/Zip Code
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Billing Address _____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

ENVIRONMENTAL

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address _____

City	State/Province/Country	Postal/Zip Code
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Billing Address _____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

HEARING & SPEECH ACTION AND WORK WITH THE DEAF

Home Club Name Home Club Number Member Number

First Name Middle Initial Last/Surname

Home Address _____

City State/Province/Country Postal/Zip Code

Billing Address _____

City State/Province/Country Postal/Zip Code

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

HONORARY

Home Club Name Home Club Number Member Number

First Name Middle Initial Last/Surname

Home Address _____

City State/Province/Country Postal/Zip Code

Billing Address _____

City State/Province/Country Postal/Zip Code

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

INFORMATION TECHNOLOGY

Home Club Name	Home Club Number	Member Number
First Name	Middle Initial	Last/Surname
Home Address_____		
City	State/Province/Country	Postal/Zip Code
Billing Address_____		
City	State/Province/Country	Postal/Zip Code
Bus. Phone No._____		
Res. Phone No._____		
Fax No._____		
E-Mail_____		

INTERNATIONAL RELATIONS

Home Club Name	Home Club Number	Member Number
First Name	Middle Initial	Last/Surname
Home Address_____		
City	State/Province/Country	Postal/Zip Code
Billing Address_____		
City	State/Province/Country	Postal/Zip Code
Bus. Phone No._____		
Res. Phone No._____		
Fax No._____		
E-Mail_____		

LIONS ALERT

Home Club Name	Home Club Number	Member Number
First Name	Middle Initial	Last/Surname

Home Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Billing Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

LIONS SERVICES FOR CHILDREN

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Billing Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

LIONS QUEST

Home Club Name _____ Home Club Number _____ Member Number _____

First Name _____ Middle Initial _____ Last/Surname _____

Home Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Billing Address _____

City _____ State/Province/Country _____ Postal/Zip Code _____

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

PEACE POSTER CONTEST

Home Club Name Home Club Number Member Number

First Name Middle Initial Last/Surname

Home Address _____

City State/Province/Country Postal/Zip Code

Billing Address _____

City State/Province/Country Postal/Zip Code

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

PUBLIC RELATIONS & LIONS INFORMATION

Home Club Name Home Club Number Member Number

First Name Middle Initial Last/Surname

Home Address _____

City State/Province/Country Postal/Zip Code

Billing Address _____

City State/Province/Country Postal/Zip Code

Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____

SIGHT CONSERVATION & WORK WITH THE BLIND

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address_____

City	State/Province/Country	Postal/Zip Code
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Billing Address_____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No._____

Res. Phone No._____

Fax No._____

E-Mail_____

YOUTH (LIONS OPPORTUNITIES FOR YOUTH)

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address_____

City	State/Province/Country	Postal/Zip Code
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Billing Address_____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No._____

Res. Phone No._____

Fax No._____

E-Mail_____

YOUTH CAMP AND EXCHANGE

Home Club Name	Home Club Number	Member Number
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First Name	Middle Initial	Last/Surname
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Home Address_____

City	State/Province/Country	Postal/Zip Code
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Billing Address _____

City	State/Province/Country	Postal/Zip Code
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Bus. Phone No. _____

Res. Phone No. _____

Fax No. _____

E-Mail _____