



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

The multiple 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): _____ Cell (mobile): _____

CONVENTION

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): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

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): _____ Cell (mobile): _____

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): _____

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): _____ Cell (mobile): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

INFORMATION TECHNOLOGY

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): _____

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): _____ Cell (mobile): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

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): _____

LEO/LEO-LION LIAISON

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): _____

LIONS QUEST (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): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District_____

MARKETING

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):_____

PROTOCOL

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):_____

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:_____

Telephone (Residence):_____ Cell (mobile):_____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

YOUTH CAMP & EXCHANGE

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): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20____ - 20____ District _____

GLOBAL ACTION TEAM MULTIPLE DISTRICT COORDINATORS

Multiple District GLT, GMT and GST Coordinators will be selected by the multiple district (per the Multiple District Constitution and By-Laws) as a non-voting member of the council of governors for a one-year term and may serve multiple terms. More information about the current term and roles may be found on the Global Action Team located in the [Resource Center](#).

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: _____ Postal/Zip Code: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____

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: _____

Email: _____

Telephone (Residence): _____ Cell (mobile): _____



MULTIPLE DISTRICT CHAIRPERSON REPORT FORM

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: _____

Telephone (Residence): _____ Cell (mobile): _____