



## DISTRICT CHAIRPERSON REPORT FORM

Fiscal Year 20\_\_\_\_\_ 20\_\_\_\_\_ District \_\_\_\_\_

The 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. If completing this form, please 1) send by mail or fax at 630-571-1687; 2) by e-mail to: [MemberServiceCenter@lionsclubs.org](mailto:MemberServiceCenter@lionsclubs.org). **If chairperson prefers information to be sent to an address other than his/her home address, please provide address on billing address line. Submit completed information by July 1st.**

The district chairpersons below serve for one year, although re-appointment is permissible. There are two chairpersons that are appointed for three years. They are: Leo Club and Lions Quest. For these positions and Youth Camp and Exchange Chairpersons, you will receive separate forms from the appropriate LCI departments/divisions.

### CONVENTION

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Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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

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Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### DIABETES [Optional]

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Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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

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Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**ENVIRONMENT [Optional]**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**HONORARY**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**HUNGER [Optional]**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**INFORMATION TECHNOLOGY**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PEACE POSTER CONTEST**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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

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

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PEDIATRIC CANCER [Optional]**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PUBLIC RELATIONS AND LIONS INFORMATION**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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**READING ACTION PROGRAM**

Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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**VISION [Optional]**

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Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**GLOBAL ACTION TEAM  
DISTRICT COORDINATORS**

**GLOBAL LEADERSHIP TEAM COORDINATOR**

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Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**GLOBAL MEMBERSHIP TEAM COORDINATOR**

\_\_\_\_\_  
Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**GLOBAL SERVICE TEAM COORDINATOR**

\_\_\_\_\_  
Home Club Name \_\_\_\_\_ Home Club # \_\_\_\_\_ Member Number \_\_\_\_\_

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First Name \_\_\_\_\_ Int. \_\_\_\_\_ Last/Surname \_\_\_\_\_

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

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

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