



# CLUB REACTIVATION REPORT From Financial Suspension

Please forward to Accounts Receivable and Club Account Services

Club Name \_\_\_\_\_

Club Number \_\_\_\_\_

District \_\_\_\_\_

The following have been completed:

Club has paid its account balance (attach copy of receipt).

## REACTIVATION AND NEW MEMBER FEES

\_\_\_\_\_ New/Former Members @ US\$35.00 per  
member Total amount enclosed

\_\_\_\_\_ \$

\_\_\_\_\_ \$

## OFFICERS OF THE CLUB

(List Full Names)

### PRESIDENT

Name: \_\_\_\_\_

First/Given Name

Middle Initial

Last/Family Name

Member Number: \_\_\_\_\_

Male

Female

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

City

State/ Province/ Country

Postal /Zip Code

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

City

State/ Province/ Country

Postal /Zip Code

Telephone (Mobile): \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

## SECRETARY

Name:

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last/Family Name

Member Number: \_\_\_\_\_

Male

Female

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ Province/ Country

\_\_\_\_\_  
Postal /Zip Code

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ Province/ Country

\_\_\_\_\_  
Postal /Zip Code

Telephone (Mobile): \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

---

## TREASURER

Name:

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last/Family Name

Member Number: \_\_\_\_\_

Male

Female

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ Province/ Country

\_\_\_\_\_  
Postal /Zip Code

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State/ Province/ Country

\_\_\_\_\_  
Postal /Zip Code

Telephone (Mobile): \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

\_\_\_\_\_  
District Governor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Vice District Governor's Signature

\_\_\_\_\_  
Date

District Governor's approval is required to reactivate up to 10 clubs during this term. After 10 clubs have been reactivated, approval to reactivate additional clubs will be required from both the District Governor and First-Vice District Governor.



## CLUB REACTIVATION REPORT (REINSTATED MEMBERS)

**Please list reinstated club members who were in the club when it was placed on Financial Suspension and who are continuing their membership in the club. Provide full name (not nickname), member number and address.**

**Club Name** \_\_\_\_\_ **District** \_\_\_\_\_ **Date** \_\_\_\_\_

---

Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)
Name	Address	Postal code
Member Number	Family Unit <input type="checkbox"/> No <input type="checkbox"/> Yes	Head of Household Name (if applicable)

## CLUB REACTIVATION REPORT (NEW or TRANSFER MEMBERS)

**Please list new or transfer club members. Provide full name (not nickname) and address. For transferring members include former club name and member number.**

**Club Name** \_\_\_\_\_ **District** \_\_\_\_\_ **Date** \_\_\_\_\_

---

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Name	Address	Postal code
Member Number	Former Club Name	Head of Household Name (if applicable)
	Family Unit <input type="checkbox"/> No	
	<input type="checkbox"/> Yes	