



LIONESS CLUB OFFICER REPORT FORM

MD19 ROSTER INFORMATION

PLEASE RETURN BY May 15th

NEEDED FOR THE MULTIPLE DISTRICT 19 ROSTER

SEND TO: **MD19 LIONS OFFICE**
4141 W MAPLEWOOD AVE.
BELLINGHAM, WA 98226

MAKE A COPY AND SEND TO **Your Zone chairperson & current 1st VDG**

TYPE OR PRINT CAREFULLY AND IN COMPLETE DETAIL

NAME OF CLUB _____ DISTRICT/ZONE _____

NAME OF SPONSORING LIONS CLUB _____

TIME OF MEETING _____ A.M. P.M. MEETING ENDS AT _____

MEETING PLACE _____

ADDRESS _____

WEEKLY

1ST & 3RD DAY OF WEEK _____

2ND & 4TH

Please check with incoming officers to make sure the addresses below are correct as this is where the MD19 Office will send all correspondence.

PRESIDENT:

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (BUSINESS PHONE) _____

E-MAIL ADDRESS _____

SECRETARY:

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (BUSINESS PHONE) _____

E-MAIL ADDRESS _____

TREASURER:

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (BUSINESS PHONE) _____

E-MAIL ADDRESS _____