



LEO CLUB OFFICER REPORT FORM

(formerly the PU19)

2009-2010 MD19 ROSTER INFORMATION

PLEASE RETURN BY APRIL 30TH.

FOR THE MD19 ROSTER

SEND COPY TO: **MD19 LIONS OFFICE** PLEASE SEND A COPY TO **Your Zone Chairperson & VDG (District Governor-Elect)**
P.O. BOX 66
BELLINGHAM, WA 98227

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
 2ND & 4TH DAY OF WEEK _____

PRESIDENT:

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (FAX) _____

E-MAIL ADDRESS _____

LEO CLUB ADVISOR:

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (FAX) _____

E-MAIL ADDRESS _____

LIONS LIASION: (if different from advisor)

NAME _____

MAILING ADDRESS _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (FAX) _____

E-MAIL ADDRESS _____