



LIONS CLUB BRANCH Club Officer Report Form

2009– 2010 MD 19 ROSTER INFORMATION

PLEASE RETURN BY APRIL 30TH

FOR THE MD19 ROSTER

PLEASE SEND TO: **MD19 LIONS OFFICE**
P.O. BOX 66
BELLINGHAM, WA 98227

Make Copies to send to: **YOUR ZONE CHAIRPERSON & Vice District Governor**

TYPE OR PRINT CAREFULLY AND COMPLETE IN DETAIL

NAME OF BRANCH _____ DISTRICT/ZONE _____

PARENT CLUB _____

TIME OF MEETING _____ A.M. P.M. MEETING PLACE _____

MEETING ENDS AT _____

WEEKLY 1ST & 3RD 2ND & 4TH ADDRESS _____

DAY OF WEEK _____ (If Club Branch has more than one meeting time etc., fill spaces below)

TIME OF MEETING _____ A.M. P.M. MEETING PLACE _____

MEETING ENDS AT _____

WEEKLY 1ST & 3RD 2ND & 4TH ADDRESS _____

DAY OF WEEK _____

COORDINATOR: (will be listed as President in MD19 Roster)

VICE COORDINATOR: (will be listed as Secretary in MD19 Roster)

NAME _____

NAME _____

MAILING ADDRESS _____

MAILING ADDRESS _____

CITY _____

CITY _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

STATE / PROVINCE, ZIP / POSTAL CODE _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (RESIDENCE PHONE) _____

(AREA CODE) (BUSINESS PHONE) _____

(AREA CODE) (BUSINESS PHONE) _____

(AREA CODE) (FAX) _____

(AREA CODE) (FAX) _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

PLEASE GIVE THE NAMES, ADDRESSES, PHONE NUMBERS WITH AREA CODES OF ANY **PAST DISTRICT GOVERNORS** WHO ARE MEMBERS OF YOUR CLUB BRANCH (use back of form if necessary):
