



# LIONS CLUB BRANCH Club Officer Report Form

(Formerly the PU19)

## 2005 – 2006 MD 19 ROSTER INFORMATION

**MUST BE POSTMARKED ON OR BEFORE APRIL 30<sup>TH</sup> TO BE CONSIDERED ON TIME**

PLEASE SEND: 1 COPY TO YOUR ZONE CHAIRPERSON & VDG (District Governor-Elect) 1 COPY TO: **MD19 LIONS OFFICE**

P.O. BOX 66  
BELLINGHAM, WA 98227

**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):

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