1st VICE DISTRICT GOVERNOR-ELECT DATA FORM,



DISTRICT	
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TYPE OR PRINT (PLEASE DO <u>NOT</u> WRITE!)		PLEAS	PLEASE COMPLETE ALL BLANKS		
This information will be used in the MD19 Roster MAIL TO MD19 OFFICE: 4141 W Maplewood Ave., Bellingham, WA 98226 Or email to: <u>md19lions@lionsmd19.com</u>					
NAME	SPOUSE'S NAME				
MAILING ADDRESS Street					
Street		City	State or Province	e Postal or Zip Code	
(Your Residence Address will	be used unless a d	lifferent maili	ng address is given a	bove.)	
RESIDENCE ADDRESS					
RESIDENCE ADDRESS Street				Postal or Zip Code	
RES. PHONE ()	BUS. PHONE ()			
FAX ()	CELL PI	HONE ()_			
	(Include o	nly if you want th	is number published in the	MD19 Roster)	
EMAIL:					
HOME LIONS CLUB			ZONE	_	
	* * * * * * *	* *			
FULFILLMENT OF REQUIREMENTS:	(Note: None of	these may be	accomplished conc	urrently.)	
	YEAR	CLUB	DISTRICT	OFFICE / TITLE	
CLUB PRESIDENT	<u> </u>				
CLUB BOARD OF DIRECTORS					
CLUB BOARD OF DIRECTORS					
ZONE CHAIRPERSON					