

2nd VICE DISTRICT GOVERNOR-ELECT DATA FORM DISTRICT

TYPE OR PRINT (PLEASE DO **NOT** WRITE!)

PLEASE COMPLETE ALL BLANKS

This information will be used for the MD19 Roster & Mailing Labels

MAIL TO MD19 OFFICE: 4141 W Maplewood Ave., Bellingham, WA 98226

Or email to: md19lions@lionsmd19.com

FOLLOWING DISTRICT ELECTIONS

NAME	SPOUSE'S NAME		
MANUAL ADDRESS			
MAILING ADDRESSStreet	City	State or Pro	vince Postal or Zip Code
(Your Residence Address will be	used unless a differe	nt mailing address is give	en above.)
RESIDENCE ADDRESS			
RESIDENCE ADDRESSStreet	City	State or Provi	nce Postal or Zip Code
RES. PHONE ()	BUS. PHONE	()	
FAX ()	CELL PHONE ()		
	(Include only if you want this number published in the MD19 Roster)		
EMAIL:			
HOME LIONS CLUB		ZONE	
FULFILLMENT OF REQUIREMENTS: (NOT	E: None of these may l	pe accomplished concurrent	tly.)
	YEAR	CLUB / DISTRICT	OFFICE / TITLE
CLUB PRESIDENT			-
CLUB BOARD OF DIRECTORS			
CLUB BOARD OF DIRECTORS			
ZONE CHAIRPERSON			
THIS FORM WAS FILLED OUT BY			