MONTHLY MEMBERSHIP REPORT

DATE RECEIVED LIONS INTERNATIONAL

MAIL BY
LAST DAY OF MONTH

CLUB USE **(D)** PLEASE FILL OUT IN FULL

PLEASE INDICATE BELOW THE NUMBER OF MEMBERS IN EACH CATEGORY

ACTIVE	0
MEMBERS AT LARGE	0
HONORARY	0
LIFE	0
PRIVILEGED	0
AFFILIATE	0
TOTAL	**0**
(=CLOSE OF MON.)	

DO NOT COUNT IN LCI TOTAL

ASSOCIATE 0

IDENT. _____ CLUB _____

MONTH _____ YEAR _____

PLEASE ENTER NUMBER OF MEMBERS DROPPED FOR EACH REASON LISTED. ONE REASON ONLY FOR EACH DROPPED NAME.

1. 0 RESIGNED IN GOOD STANDING (BUSINES OR PERSONAL REASONS)
2. 0 DROPPED FOR NON-PAYMENT OF DUES
3. 0 DROPPED FOR NON-ATTENDANCE
4. 0 DROPPED FOR NON-ATTENDANCE AND NON-PAYMENT OF DUES
5. 0 TRANFERRED IN GOOD STANDING (USE TRANSFER FORM ME-20)
6. 0 MOVED (DUES UNPAID)
7. 0 DECEASED
8. 0 OTHER (PLEASE SPECIFY)
9. **0** TOTAL (MUST AGREE WITH TOTAL DROPS)

LIST ALL NAMES BELOW

CLUB USE PLEASE FILL OUT IN FULL

TRANSACTION CODE		TOTAL
	MEMBERS FROM LAST REPORT	0
A	NEW MEMBERS (SHOWN BELOW)	0
B	REINSTATED MEMBERS (IF DROPPED OVER 6 MONTHS ADD AS NEW)	0
C	TRANSFER MEMBERS ACCEPTED (LIST NAME OF FORMER CLUB BELOW) (IF DROPPED OVER 6 MONTHS ADD AS NEW)	0
	TOTAL BEFORE DEDUCTIONS	**0**
D	DROPPED FROM MEMBERSHIP (LIST NAME & REASON BELOW)	**0**
	MEMBERS AT CLOSE OF MONTH	**0**

INTL. OFFICE USE ONLY

STAT	NUM MEM	#MOS	CODES
			X OUT OF AGREEMENT
			ENTERED STAT RECORD ____
			CHANGE OF ADDRESS _____
			CLUB OFF _____
			OTHER _____
			OTHER _____
			COMMENT
			CODE _____

NAME OF CLUB _

SECRETARY'S NAME _

ADDRESS _ _

DIST. NO. **19 -** _ LEO CLUB MEMBERS

ZONE _ TOTAL: ____

☐ CHECK IF CHANGE IN SECRETARY NAME OR ADDRESS (ALSO SHOW AS CODE E BELOW)

NOTE LIST BELOW ALL NEW MEMBERS, DROPS AND CHANGES OF ADDRESS. NAMES OF MEMBERS MUST BE GIVEN IN ALL CASES OR CHANGES CANNOT BE MADE. TRANSACTION CODES: A = NEW, B=REINSTATED, C=TRANSFER INS, E=CHANGES OF ADDRESS. F = CHANGE OF NAME. PLEASE INDICATE FORMER NAME IN PARENTHESIS.

TRANSACTION CODE	FIRST	A DDED MEMBER'S NAME	LAST	MAILING ADDRESS			
CITY	STATE OR PROVINCE		ZIP CODE	COUNTRY	YEAR OF BIRTH		
OCCUPATION	SPONSOR NAME-MEMBER AND CLUB NUMBER			FORMER CLUB	GENDER (M or F)		
TRANSACTION CODE	FIRST	A DDED MEMBER'S NAME	LAST	MAILING ADDRESS			
CITY	STATE OR PROVINCE		ZIP CODE	COUNTRY	YEAR OF BIRTH		
OCCUPATION	SPONSOR NAME-MEMBER AND CLUB NUMBER			FORMER CLUB	GENDER (M or F)		
TRANSACTION CODE	FIRST	A DDED MEMBER'S NAME	LAST	MAILING ADDRESS			
CITY	STATE OR PROVINCE		ZIP CODE	COUNTRY	YEAR OF BIRTH		
OCCUPATION	SPONSOR NAME-MEMBER AND CLUB NUMBER			FORMER CLUB	GENDER (M or F)		
TRANSACTION CODE	FIRST	A DDED MEMBER'S NAME	LAST	MAILING ADDRESS			
CITY	STATE OR PROVINCE		ZIP CODE	COUNTRY	YEAR OF BIRTH		
OCCUPATION	SPONSOR NAME-MEMBER AND CLUB NUMBER			FORMER CLUB	GENDER (M or F)		

NOTE ENTER DROPED MEMBERS BELOW. THE CODES FOR REASONS FOR DROPS ARE LISTED ABOVE (SEE D)

MEMBER NUMBER, FIRST NAME, LAST NAME, REASON FOR DROP	MEMBER NUMBER, FIRST NAME, LAST NAME, REASON FOR DROP

CONTINUE ADDITIONAL MEMBERSHIP ON SEPARATE SHEETS CLUB PRESIDENT'S SIGNATURE _____

COPY TO: ☐ INT'L (Oak Brook) ☐ District Governor ☐ Vice Dist.Gov. ☐ Zone Chair ☐ MD-19 Office ☐ President ☐ Secretary (7)