

# REPORT OF CHARTER MEMBERS



LIST TRANSFER CHARTER MEMBERS ON SEPARATE REPORTS  
(GIVE NAME OF FORMER CLUB)

SUBMIT THIS FORM WITH THE CHARTER APPLICATION TO LIONS CLUBS INTERNATIONAL

NAME OF CLUB \_\_\_\_\_ DIST. \_\_\_\_\_ DATE \_\_\_\_\_

LOCATED AT \_\_\_\_\_  
(CITY) (STATE OR PROVINCE) (COUNTRY)

**PRINT OR TYPE NAMES CORRECTLY**

FIRST	MEMBER NAME	LAST	MAILING ADDRESS		
CITY	STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	YEAR OF BIRTH
TELEPHONE NUMBER	IS THIS MEMBER TRANSFERRING FROM ANOTHER CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF FORMER CLUB		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST	MEMBER NAME	LAST	MAILING ADDRESS		
CITY	STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	YEAR OF BIRTH
TELEPHONE NUMBER	IS THIS MEMBER TRANSFERRING FROM ANOTHER CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF FORMER CLUB		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST	MEMBER NAME	LAST	MAILING ADDRESS		
CITY	STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	YEAR OF BIRTH
TELEPHONE NUMBER	IS THIS MEMBER TRANSFERRING FROM ANOTHER CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF FORMER CLUB		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST	MEMBER NAME	LAST	MAILING ADDRESS		
CITY	STATE/PROVINCE		ZIP/POSTAL CODE	COUNTRY	YEAR OF BIRTH
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FIRST	MEMBER NAME	LAST	MAILING ADDRESS		
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TELEPHONE NUMBER	IS THIS MEMBER TRANSFERRING FROM ANOTHER CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF FORMER CLUB		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

**REMARKS**

\_\_\_\_\_  
Organizer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
E-mail Address