

REPORT OF OVER 30 NEW MEMBERS

To ensure viable clubs, existing clubs that add more than 30 new members in a fiscal year (July 1 - June 30) are asked to complete this form.

Submit with the club MMR to: Lions Clubs International Club Officer and Record Administration Department 300 W. 22nd St, Oak Brook, IL 60523 USA Fax: (630) 571-1687

E-mail: stats@lionsclubs.org

Name of Club:			Club Number:			District:			
Number of New Members Ov	Join Da								
Approval Signature of District			Date of Approval:						
Approval Signature of First V		Date of Approval:							
P	LEASE P	RINT OR TYP	E NEW M	EME	BER INFORMATI	O N			
FIRST NAME		LAST NAME		POSTAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CO	DDE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER MALE FEMALE		
TELEPHONE NUMBER	E-MAIL		ER OR TRANSFER MEMBER? II	EMBER? IF YES, PROVIDE NAME OF CLUB					
□ FAMILY MEMBER					□ FORMER LEO : SUBMIT LL-2				
HEAD OF HOUSEHOLD FULL NA	ME			☐ YOUNG ADULT: SUBMIT LL-2					
KEY CODES: 12	3				☐ STUDENT MEMBER: KEY	CODES: 1 2.			
FIRST NAME LAST NAME				POSTAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CO	DDE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER MALE FEMALE		
TELEPHONE NUMBER	E-MAIL			FORMER OR TRANSFER MEMBER? IF YES, PROVIDE NAME OF CLUB U YES U NO					
□ FAMILY MEMBER					□ FORMER LEO : SUBMIT LL-2				
HEAD OF HOUSEHOLD FULL NA	ME				_ ☐ YOUNG ADULT: SUBMIT	LL-2			
KEY CODES: 12	3				☐ STUDENT MEMBER: KEY	CODES: 1 2.			
FIRST NAME		LAST NAME		POSTAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CO	DDE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER MALE FEMALE		
TELEPHONE NUMBER	E-MAIL			FORM YES NO					
□ FAMILY MEMBER				☐ FORMER LEO : SUBMIT LL-2					
HEAD OF HOUSEHOLD FULL NAME					□ YOUNG ADULT: SUBMIT LL-2				
KEY CODES: 1 2 3					STUDENT MEMBER: KEY CODES: 1 2				

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FIRST NAME		LAST NAME		POSTAL ADDRESS					
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CITY		STATE/PROVINCE	ZIP/POSTAL CC	DE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER □ MALE □ FEMALE		
TELEPHONE NUMBER	E-MAIL			FORM YES NO	ER OR TRANSFER MEMBER? I	F YES, PROVIDE NAME OF	CLUB		
☐ FAMILY MEMBER		☐ FORMER LEO : SUBMIT	LL-2						
HEAD OF HOUSEHOLD FULL NA	ME			□ YOUNG ADULT: SUBMIT LL-2					
KEY CODES: 1 2	3		STUDENT MEMBER: KEY CODES: 1 2						
FIRST NAME		LAST NAME		POSTAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CO	DE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER MALE FEMALE		
TELEPHONE NUMBER	E-MAIL	_ 1			FORMER OR TRANSFER MEMBER? IF YES, PROVIDE NAME OF CLUB YES				
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HEAD OF HOUSEHOLD FULL NA	ME			☐ YOUNG ADULT: SUBMIT LL-2					
KEY CODES: 1 2	3				☐ STUDENT MEMBER: KEY	CODES: 1 2.			
FIRST NAME	FIRST NAME LAST NAME			POSTAL ADDRESS					
CITY		STATE/PROVINCE	ZIP/POSTAL CO	DE	COUNTRY	BIRTH YEAR (REQUIRED)	GENDER MALE FEMALE		
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HEAD OF HOUSEHOLD FULL NAME DYOUNG ADULT: SUBMIT LL-2									
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							FEMALE		
TELEPHONE NUMBER	E-MAIL			FORM YES NO	ER OR TRANSFER MEMBER? I	F YES, PROVIDE NAME OF	CLUB		
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TELEPHONE NUMBER	E-MAIL				FORMER OR TRANSFER MEMBER? IF YES, PROVIDE NAME OF CLUB YES				
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KEY CODES: 1 2	3		STUDENT MEMBER: KEY CODES: 1 2						