



MONTHLY MEMBERSHIP REPORT

DATE RECEIVED LIONS CLUBS INTERNATIONAL

MAIL BY LAST DAY OF MONTH	(D) CLUB USE PLEASE FILL OUT IN FULL	CLUB USE PLEASE FILL OUT IN FULL	TOTAL	INT'L STAT	OFFICE USE ONLY NUM MEM	# MOS	CODES
PLEASE INDICATE BELOW THE NUMBER OF MEMBERS IN EACH CATEGORY.	PLEASE ENTER NUMBER OF MEMBERS DROPPED FOR EACH REASON LISTED. ONE REASON ONLY FOR EACH DROPPED NAME.	TRANSACTION CODE MEMBERS FROM LAST REPORT					X OUT OF AGREEMENT
ACTIVE _____	1. _____ RESIGNED IN GOOD STANDING (BUSINESS OR PERSONAL REASONS)	A NEW MEMBERS (SHOWN BELOW)					ENTERED STAT RECORD _____
MEMBERS AT LARGE _____	2. _____ DROPPED FOR NON-PAYMENT OF DUES	B REINSTATED MEMBERS (IF DROPPED OVER 6 MONTHS ADD AS NEW)					CHANGE OF ADDRESS _____
HONORARY _____	3. _____ DROPPED FOR NON-ATTENDANCE	C TRANSFER MEMBERS ACCEPTED (LIST NAME OF FORMER CLUB BELOW) (IF DROPPED OVER 6 MONTHS ADD AS NEW)					CLUB OFF _____
LIFE _____	4. _____ DROPPED FOR NON-ATTENDANCE AND NON-PAYMENT OF DUES	TOTAL BEFORE DEDUCTIONS					OTHER _____
PRIVILEGED _____	5. _____ (TRANSFERRED IN GOOD STANDING) USE TRANSFER FORM ME-20	D DROPPED FROM MEMBERSHIP LIST NAME & REASON BELOW					OTHER _____
AFFILIATE _____	6. _____ MOVED (DUES UNPAID)	MEMBERS AT CLOSE OF MONTH					COMMENT CODE _____
DO NOT COUNT IN LCI TOTAL.	7. _____ DECEASED						
ASSOCIATE _____	8. _____ OTHER (PLEASE SPECIFY)						
	9. _____ TOTAL (MUST AGREE WITH TOTAL NUMBER OF DROPS)						
	LIST ALL NAMES BELOW						

IDENT.	CLUB	NAME OF CLUB	DIST. NO.	BRANCH CLUB MEMBERS
		SECRETARY'S NAME		TOTAL: _____
		ADDRESS		LEO CLUB MEMBERS
MONTH	YEAR			TOTAL: _____
				<input type="checkbox"/>
				CHECK BOX IF CHANGE IN SECRETARY NAME OR ADDRESS

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	ADDED 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TRANSACTION CODE	FIRST	ADDED 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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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NOTE ENTER DROPPED MEMBERS BELOW. THE CODES FOR REASONS FOR DROPS ARE LISTED ABOVE (SEE D)

MEMBER #	NAME	REASON	MEMBER #	NAME	REASON	MEMBER #	NAME	REASON

CONTINUE ADDITIONAL MEMBERSHIP ON SEPARATE SHEETS Club President's Signature _____

FOR INTERNATIONAL USE (OAK BROOK)

C-23-A 10/02 PRINTED IN THE U.S.A. SEND PART 1 TO THE INTERNATIONAL OFFICE, 300 W 22ND STREET, OAK BROOK, ILLINOIS 60523-8842

NOTE- PLEASE USE TYPEWRITER WHEN FILLING OUT THIS FORM, OR PRINT WITH BALL-POINT PEN ON A HARD SURFACE. PRESS HARD TO SEPARATE SET TEAR ALONG THE PERFORATION.



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MONTH	YEAR			TOTAL: _____
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MEMBER #	NAME	REASON	MEMBER #	NAME	REASON	MEMBER #	NAME	REASON

CONTINUE ADDITIONAL MEMBERSHIP ON SEPARATE SHEETS Club President's Signature _____

DISTRICT GOVERNOR

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FILE IN SECRETARY BOOK

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