

MONTHLY MEMBERSHIP REPORT



MONTHLY MEMBERSHIP REPORT

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

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 - TRANSFERING, 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
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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	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

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)

FORM 100 (REV. 10/01) INTERNATIONAL OFFICE, 100 W. WASHINGTON STREET, OAK BROOK, ILLINOIS 60452-1000

NOTE: PLEASE USE TYPEWRITER WHEN FILLING OUT THIS FORM OR PRINT WITH BULL-POINT PEN ON A HARD SURFACE. PRESS HARD.



MONTHLY MEMBERSHIP REPORT

DATE RECEIVED LIONS CLUBS INTERNATIONAL

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

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				YEAR OF BIRTH
	OCCUPATION	SPONSOR NAME - MEMBER AND CLUB NUMBER		FORMER CLUB
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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

SEND PART II TO THE INTERNATIONAL OFFICE, 300 W. WASHINGTON STREET, CHICAGO, ILLINOIS 60601-1000

DO NOT WRITE IN THESE SPACES. PLEASE PRINT WITH BALLPOINT PEN OR A HARD SURFACE. PRESS HARD.

