

LIONS CLUBS INTERNATIONAL – DISTRICT A3

Zone Chairperson Visitation report

Zone Chairperson:				Club	Club Visited:				
Zone:				Date:	Date:				
Number of members:					Number present:				
Please review all information available prior to your visit, e.g. MyLCI, MyLion, Club Bulletin, website etc.									
ADMINISTRATION Yes No Action if needed									
Did the meeting start on time?					108	110		Action in needed	
Was there a prepared agenda?									
Was an official opening observed?									
Were guests properly introduced and recognized?									
Does the Club have a Membership Committee and a Membership									
plan?									
Did Club Officers attend training sessions?									
Did required Club Officers attend Zone meetings?									
Does the Club have an active up to date website or Facebook page?									
Does the Class have an active up to date website of I accoook page:									
SERVICE SUPPORT OR PARTICIPATION									
LCIF	LFC	Diabetes		Vision		Hunger		Childhood Cancer	
Environment	Leader Dog	Hearing		Eye Glass	es	Eff Speaking		Peace poster	
Lions Quest	Special Olympics	Camp Kirk		Camp Dor	rset	CNIB Lake Joe		Camp Huronda	
Other:									
DISTRICT SUPPORT REQUEST									
Yes No					Specifics				
Additional Membership support, GMT?									
Additional Leaders									
Specific Committee Chair visit?									
Participation in CQI?									
Other?									
	CENED	AT CC			TENT T		TTON		
GENERAL COMMENTS/ FUTURE ACTION									
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President				Z	Zone chairperson				