



# Zone Meeting Report

## DISTRICT 308-A2 MALAYSIA

FISCAL YEAR .....

<b>District Governor's Advisory (Zone) Meetings</b>					1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>
<b>Date</b>		<b>Time</b>		<b>Venue</b>							
<b>Name of Club</b>											
<b>Zone</b>		<b>Region</b>		<b>Reporting Period</b>	From	To					

Reporting Period to start immediately after previous reporting , and to end before Date (of reporting)

HAVE YOUR CLUB SUBMITTED LATEST ANNUAL RETURN TO E-ROSES.? Yes:Date \_\_\_\_\_ No

Monthly Membership Report MMR	Month	Date Submitted	Membership Status					TOTAL
			New	Reinstated	Transferred	Resigned	Dropped	

Important Meetings	Date	Attendance	Payment of International, District Dues	Item	Amount	Paid Date
				LCI (US\$)		
1. Installation of BOD				District (RM)		
2. AGM				Others		
3. Election						

Hold Month BOD Meeting ? Yes No

Aware of the Club Excellence Award ? Yes No

Have a updated E-Clubhouse/Club website/Active facebookpages ? Yes No

Contribution to District Foundation and LCIF (Starting and Latest Number, for current fiscal year)					
No. of District Fellow(s)			No. of Melvin Jones Fellow(s)		

No of LCIF Contributing Member: \_\_\_\_\_, Percentage of Membership \_\_\_\_\_%

Lions Service Areas (Diabetes(D) /Environment(E) /Hunger Relief (H) /ChildhoodCancer(C)/Vision(V) Completed during ReportingPeriod Title ( with optional brief description ) /Estimate No. of persons will benefit/Project Budget	Type of Project (D/E/H/C/V)	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
<b>No. of Lions Service Areas Completed</b>		



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<b>Other Projects Completed during Reporting Period</b> Title ( with optional brief description ) /Estimate No. of persons will benefit/Project Budget	Type of Project	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>No. of Projects Completed</b>		

<b>Lions Service Areas (Diabetes(D) /Environment(E) /Hunger Relief (H) /ChildhoodCancer(C)/Vision(V) planned for next 3months</b> Title ( with optional brief description ) /Estimate No. of persons will benefit/Project Budget	Type of Project (D/E/H/C/V)	Date
1.		
2.		
3.		
4.		
5.		
6.		
<b>No. of Lions Service Area Planned for the period</b>		

<b>Other Projects planned for the next 3 months</b> Title ( with optional brief description ) /Estimate No. of persons will benefit/Project Budget	Type of Project	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>No. of Projects planned for the period</b>		



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**YEARLY GOALS:**

(for a lion attended 2 training , no of lion X training = 2)

CATEGORY	Projected	Achieved	% Achievement
No of New Members			%
No of Lions X Training (District endorsed)			%
No of People Served reproted to LCI			%
LCIF Contribution in USD			%
Net increase in Membership			%

CATEGORY	Forecast	Current No.	Current/Forecast
No of Dropped Members			%

**Remarks / Suggestions:**

**LEO CLUBS REPORTS( if any ) :**

Prepared by Secretary	(name)	Signature
Verify by President	(name)	Signature
Date		