



ZONE MEETING REPORT

Quarter 1 2 3 4 (Circle one)

Meeting Location: _____ District: **Alabama-Louisiana-Mississippi** No. **29**

Date of Meeting: _____ Time of Meeting: _____ Zone Number _____

Length of Meeting (hours) _____ Was meal served? YES NO Date Filed _____

Was this Zone meeting held in lieu of the second quarter District Board Meeting? ? YES NO

Signature: _____ Lt Gov. _____

List the name of each club in Zone. Indicate attendance of President, Secretary-Treasurer, and number of other members in attendance

NAME OF CLUB	PRES	S-T	MEMBERS	NAME OF CLUB	PRES	S-T	MEMBERS
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please provide information from the meeting which will be helpful for the District Governor, Secretary or Club Services Chair. What topics were covered, what concerns were stated, etc.

Next Scheduled Zone Meeting: Date: _____ Time: _____ Location: _____

The Zone Meeting Report Must Be Filed With the District Secretary-Treasurer within 30 Days of the Meeting

Distribution: District Secretary-Treasurer Governor Lieutenant Governor