

MD-13 Ohio Lions GLT Committee
Regional Lions Leadership Institute 2018

PLEASE CHECK DESIRED COURSE LEVEL: LEVEL ONE _____ LEVEL TWO _____ LEVEL THREE _____

Name: _____ Gender: (M/F) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

District: _____ Club: _____

Year Joined Lions: _____ Lions Membership No: _____ Club No: _____

You may use the reverse side for more room, if necessary, answering the following:

List leadership roles in your club/district: _____

List leadership roles in your community: _____

Why are you applying for this institute? _____

Where do you see yourself in Lions in five (5) years? _____

Deposit Submitted: \$ _____ Check # _____ Credit Card: Type: Visa/MC/Amex _____

Card # _____ Valid Thru _____ Authorization Code _____

If application is accepted, I agree to attend all sessions from Friday, Oct 26 thru Sunday Oct 28, 2018.

Signature: _____ Date: _____