**PLEASE TYPE OR PRINT**

**DISTRICT 4-C1 ZONE CHAIR MONTHLY REPORT**

**Zone Chairs Are Asked To Complete and Send This Report by the Eighth Day of Each Month. Retain a copy for your records.**

**Mail or e-mail copies to District Governor, Vice District Governors, Cabinet Secretary and Region Chair.**

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| **REPORT PERIOD (Month and Year):** | | | |
| **Region** | **Zone** | **Zone Chair** | **Date Completed** |
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|  | | | |
| **Club:** | | | |
| **Date You Contacted This Club This Month:** |  | **Contact Made Via (Phone, E-Mail, Skype, Personal Visit, Etc.)** |  |
| **Is This Club Gaining, Losing or Maintaining Membership?** | | | |
| **Describe The Club’s Successes/Accomplishments This Month:** | | | |
| **Describe Any Challenges Or Barriers to Success Facing This Club:** | | | |
| **What Resources Are Needed To Further Support The Club?** | | | |
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|  | | | |
| **Zone Meeting** | | | |
| **Meeting Date** | **Clubs Represented** | **Topics Discussed** | |
|  |  |  | |
| **Additional Information:** | | | |