

**DISTRICT 41  
BEST TREASURER OF THE YEAR  
NOMINATION FORM**

Name \_\_\_\_\_

Club \_\_\_\_\_ No. of Club members \_\_\_\_\_

Date \_\_\_\_\_ President's signature \_\_\_\_\_

**ELIGIBILITY: CANDIDATE MUST OR WILL HAVE TREASURER OF THE CLUB FOR AT LEAST 6 MONTHS OF THE PERIOD TO BE JUDGED (JULY 1 TO JUNE 30).**

Please complete the following:

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Were all funds deposited in a bank approved by the Board of Directors? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were all Club obligations paid on authority given by the Board of Directors? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was custody of the records of Club receipts and disbursements kept and maintained? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were monthly and semi-annual financial reports prepared and submitted? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| to Lions Club International .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| to Club .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the Treasurer bonded? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the Federal IRS Form 990 tax return filed? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were funds received from the public used for the public and not for Administrative or other non-public purposes? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the Candidate –  |                          |                          |
| a. Attend at least two Cabinet meetings? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Attend at least two Zone meetings? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attend the District Convention? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attend one Officers' School or Leadership Development Seminar? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Attend an NELC meeting? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

9. Please described in detail your Treasurer's involvement in other activities which made him/her outstanding. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENDORSEMENTS:**

Zone Chairperson signature \_\_\_\_\_

Regional Chair sign. (if used) \_\_\_\_\_

District Governor's remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District Governor's signature \_\_\_\_\_

**USE THIS NOMINATION FORM OR COPIES ONLY. NO SUBSTITUTIONS.**

January 2017