

Ohio District of Optimist International
Lt. Governor Elect Application Form

Name: _____

Address: _____

City, State and Zip: _____

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

Email Address: _____

Employer' Name: _____

May we contact your place of business? _____ Yes No _____

Date of Birth: _____ Age: _____

Partner's Name: _____

Children's Names: _____

Home Optimist Club Name: _____ Club No. : _____

Year and Club Served as Lt. Governor: _____

Would your job keep you from traveling around the zone to visit clubs and fulfilling the duties of Lt. Gov. and out of state for training? _____ Yes No _____

Do you know that this is a one (1) year commitment? _____ Yes No _____

Optimist Awards & Honors:

Why do you want to be Lt. Governor?

Please use additional sheets if necessary