

# LION MEMBER EXIT INTERVIEW

CLUB \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_ ZONE \_\_\_\_\_

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

2. Telephone, Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Date Joined: \_\_\_\_\_ Date Left: \_\_\_\_\_

4. Sponsor: \_\_\_\_\_

5. If resignation, WHY? \_\_\_\_\_

If job transfer, joining at new location? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, WHY? \_\_\_\_\_

6. If non-attendance, WHY? \_\_\_\_\_

How long in non-attendance status? \_\_\_\_\_

Did any Club member / officer contact you about non-attendance? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what help was offered? \_\_\_\_\_

7. If non-payment, WHY? \_\_\_\_\_

How long in non-payment status? \_\_\_\_\_

Did any Club member / officer contact you about non-payment ? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what help was offered? \_\_\_\_\_

8. Could this loss have been prevented? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

9. Loss Due To: (May check more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> DID NOT FEEL PART OF GROUP     | <input type="checkbox"/> TOO MANY WORK ACTIVITIES |
| <input type="checkbox"/> UNCLEAR ON LIONS OBJECTIVES    | <input type="checkbox"/> POOR COMMUNICATION       |
| <input type="checkbox"/> PHILOSOPHICAL DIFFERENCES      | <input type="checkbox"/> COST TOO MUCH            |
| <input type="checkbox"/> MEMBERS RESISTING CHANGE       | <input type="checkbox"/> LACK OF TIME             |
| <input type="checkbox"/> TOO MUCH TIME AWAY FROM FAMILY | <input type="checkbox"/> TOO MUCH ALCOHOL USE     |
| <input type="checkbox"/> CONTRIBUTIONS IGNORED          | <input type="checkbox"/> SPOUSE UNSUPPORTIVE      |
| <input type="checkbox"/> CLIQUISH BEHAVIOR              | <input type="checkbox"/> TOO MANY SOCIAL EVENTS   |
| <input type="checkbox"/> POOR MEETING TIME/ PLACE       | <input type="checkbox"/> NOT ENOUGH SOCIAL EVENTS |
| <input type="checkbox"/> IMPROPER (FOUL) LANGUAGE,      | <input type="checkbox"/> DISORGANIZED LEADERSHIP  |
| <input type="checkbox"/> OTHER                          |   |

10. Name of interviewer: \_\_\_\_\_

Date of interview: \_\_\_\_\_ Was interview done in person? YES \_\_\_\_\_ NO \_\_\_\_\_

Retain original for CLUB MEMBERSHIP CHAIR

Send copies to: District Governor, Region Chairman & Zone Chairman with your membership report