



## PARTICIPATING CLUB REGISTRATION FORM - 2019

**Please complete and return this form, with your payment, to:**

Bill Duncanson  
Lions Eye Health Program - Australia  
PO Box 86  
CAMPERDOWN VIC 3260

Email: bill.jeanette@duncanson.net.au

**Club Name:** \_\_\_\_\_ **District:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Club LEHP Chair:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Number of Club Members as at 1 July 2019:** \_\_\_\_\_

Enclosed is a cheque (drawn on the Club's Activities Account) for participation in the Lions Eye Health Program during 2019

\_\_\_\_\_ Members @ \$4.00 = \$ \_\_\_\_\_

We have also included an additional donation of: \$ \_\_\_\_\_

**TOTAL ENCLOSED \$** \_\_\_\_\_

**EFT payment option:**

**Account Name:** Lions Eye Health Program  
**BSB:** 633 000  
**Account Number:** 108999475

***Please use your club name as a reference!***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **LEHP RESOURCES**

*LEHP has a range of resources available on 'Children's Eye Health', 'Avoidable Vision Loss in Adults' and Indigenous Eye Health. More recently we have introduced the Children's Vision Screening program.*

**LEHP hard copy resources are free of charge to all participating clubs!**

*To order your set of resources please complete the order form on the reverse side of this page.*