



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 2018

_____ 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' and 'Avoidable Vision Loss in Adults'. More recently we have introduced an 'Emergency Guest Speaker Kit' which can be used during club meetings.

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.