



## PARTICIPATING CLUB REGISTRATION FORM - 2021

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

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

Email: lehptreasurer@gmail.com

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

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

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

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

Number of Club Members: \_\_\_\_\_

Enclosed is a cheque (drawn on the Club's Activities Account) for participation in the Lions Eye Health Program during 2021)

\_\_\_\_\_ 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. We are also actively training and participating in a 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.*