

Participating Club Registration Form - 2023

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: _____

Secretary: _____ Phone: _____

Club Email: _____

Enclosed is a cheque of EFT payment (drawn from Clubs Activities Account) for participation in the Lions Eye Health Program during 2023)

_____ Members @ \$4.00 = \$ _____

We also include an additional donation of \$ _____

Total Donation \$ _____

EFT PAYMENT OPTION:

Account Name: Lions Eye Health Program

BSB: 633 000

Account Number: 108999475

Please use your club name as the transaction reference

Signed: _____ Date: _____

Free LEHP Resources: Order directly from the LEHP Website: lehp.org.au/order-resources/