



Lions Eye Foundation of California-Nevada, Inc.
P.O. Box 7999
San Francisco, CA 94120
PRESERVING THE GIFT OF SIGHT

CLUB MEMBERSHIP APPLICATION

Our Lions Club, identified below, wishes to become a member club in the Lions Eye Foundation of California-Nevada, Inc. with all of the obligations and privileges thereof.

CLUB NAME _____ **DISTRICT** _____

MAILING ADDRESS _____

CLUB PRESIDENT _____

print name

HOME PHONE _____

BUS. PHONE _____

signature

CLUB SECRETARY _____

print name

HOME PHONE _____

BUS. PHONE _____

signature

Enclosed:

One time application fee \$100.00

Contribution (6 months)

No. of members _____ x \$4.50 = \$

Total \$ _____

Please mail application plus check, made out to the Lions Eye Foundation, to:
MARK PASKVAN, PROGRAM COORDINATOR
P.O. Box 7999
San Francisco, CA 94120

Thank you for becoming a member club. You will be invoiced semi-annually for your club contribution which will be due on 4/1 and 10/1.

The Lions Eye Foundation of California-Nevada, Inc. preserves and restores the gift of sight by providing free ophthalmic examinations, operations, and medication to the less fortunate members of our community.