

National Office:
Hawera Lions Club
enquiries@lehp.org.nz
027 619 0269
lehp.org.nz



**Lions Eye Health Programme
New Zealand**

Participating Club Registration Form - 2025

Please complete and return this form with your payment to:

Tobias Hipp
Lions Eye Health Program - New Zealand
365 Ketemarae Road, RD15
Hawera, 4675
Email: Clubs@lehp.org.nz

Club Name: _____ District: _____

President: _____ Phone: _____

Secretary: _____ Phone: _____

Club Email: _____

☐ An EFT payment has been sent on ____/____/____

_____ members @ \$5.00 = \$ _____

We also include an additional donation of \$ _____

Total Donation \$ _____

Please note: Participating Club contributions do not accrue awards credits

EFT PAYMENTS:

Account Name: Lions Eye Health Program

Account Number:

PLEASE USE YOUR CLUB NAME OR NUMBER AS THE REFERENCE

Signed: _____ Date: _____

Free LEHP Resources

Order directly from the LEHP website: lehp.org.nz/order-resources/
or download from: lehp.org.nz/download-resources/

**LEHP New Zealand
enquiries@lehp.org.nz**