



SPOKANE CENTRAL LIONS CLUB VISION APPLICATION

PLEASE COMPLETE ALL QUESTIONS MARKING "NA" WHERE APPROPRIATE.
ALL INCOMPLETE APPLICATIONS WILL BE DISCARDED!

Name: _____ Birthdate: ____ / ____ / ____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Occupation: _____

Insurance: _____

Referring Agency: _____

Family Members: _____

**TOTAL MONTHLY
INCOME**
\$ _____
Required

Comments _____

Has Lions assisted you in Vision Care before? Yes No If Yes, when? ____ / ____ / ____

Applications will be processed with two weeks from the date it is received in our office. If approved, you will be sent a voucher to receive an exam and eyeglasses. Please follow the instructions on the voucher.

Spokane Central Lions and the providers of services disclaim any warranty for eyeglasses or hearing aids. The applicant agrees to hold harmless from any liability all parties participating in this program, and certifies all information furnished is true and complete. The applicant also gives permission to Spokane Central Lions to confirm the information provided.

SIGNATURE: _____ DATE: _____

Return completed application to:

SCLIONS@GMAIL.COM SPOKANE CENTRAL LIONS, 1212 N. HOWARD, SPOKANE WA 99201