



The Hearing Foundation

(Ear of the Lion Foundation, Inc.)
850 San Jose Ave., Suite 115 - Clovis, CA 93612
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CLUB MEMBERSHIP APPLICATION

Club Name _____

City, State, District _____

No. of Members Active _____ Other _____ M&A Date _____

President _____

Address _____

Phone Home _____ Work _____

Secretary _____

Address _____

Phone Home _____ Work _____

Club Trustee (Club Liaison to Foundation) _____

Address _____

Phone Home _____ Work _____

STATEMENT OF MEMBERSHIP

The _____ Lions Club wishes to be a Club Member of the **The Hearing Foundation (Ear of the Lion)**.

We wish to make an initial unrestricted donation of \$100.00, which is enclosed herewith, and we understand that the Club will receive a request for unrestricted donations on a semi-annual basis at the rate of \$7.50 per year (62 1/2 cents per month) per active member in the Club. All correspondence to the Club will be addressed to the Secretary unless the Club advises the Foundation to use another mailing address.

President

Secretary

Date _____