



# JOHN D. PARKS FELLOWSHIP

## LIONS MOBILE SIGHT & HEARING UNIT OF DISTRICT 24-D APPLICATION

The following person has been nominated to receive the above fellowship. Our club/personal check is enclosed or partial payment of \$ \_\_\_\_\_ is enclosed. Memorial donation: Yes  No

Name of Recipient: (as it is to appear on the certificate, please print or type)

Mr.  Mrs.  Lion  Lioness  Dr.  Honorable

Name of Recipient: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Sponsoring Club  Lion : \_\_\_\_\_

District 24 - \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name and Address of Club Secretary or person to whom the Fellowship is to be sent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Club President  Club Secretary

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date by which Fellowship must be received: \_\_\_\_\_

(Please allow 30 days for processing request)

Note: The Fellowship Pin, Certificate and Letter will be sent to the Club Secretary after a total of \$500.00 is received, unless otherwise indicated above.