



BON AIR - MANCHESTER - MIDLOTHIAN LIONS CLUB
SERVING OUR COMMUNITY SINCE 1934



APPLICATION FOR LIONS SIGHT PROGRAM ASSISTANCE

Bon Air-Manchester-Midlothian Lions Club

P.O. Box 35554, Richmond, VA 23235

Date: _____

BAMM Request # _____

Applicant Name: _____

Date Of Birth ____ / ____ / ____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

How Long have you lived at this address? _____ Are you a citizen of the United States? _____

Please indicate which services you are applying for : Eye Exam _____ Eyeglasses _____ Both _____

Date of your last Eye Exam: _____ Doctor: _____

Have you received assistance from the Lions Club in the past? Yes ___ No ___ If yes, When: _____

Do you have any Vision Insurance? Yes _____ No _____

Please list all members living in your household, including applicant:

Name	Relationship	Age	Employer/Source of Income	Monthly (Gross)Income

Are you receiving any services from the following?

SOURCES OF AID	YES	NO
MEDICAID		
MEDICARE		
FOOD STAMPS		
SOCIAL SECURITY		
VETERAN'S ADMINISTRATION		

Referred By: Organization Name _____

Address: _____ Phone # _____

Contact Name _____ Email _____

I certify that the information on this application is true and correct. I understand that falsifying information will lead to disqualification for any financial assistance. I will not hold the above listed Lions Club liable for any expenses or problems that my arise.

 Signature of applicant or responsible party

 Signature of Sponsor