



Ardmore Lions Club

Official Eyeglass Application

Date of Birth: _____
Applicant's Name: _____ Gender: Male or Female Age: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Message Phone: _____
Applicant's Occupation: _____ Name of Employer: _____
Applicant's earnings from employment (Net Income): \$ _____

If applicant is a minor father's name: _____ Address: _____
Father's occupation: _____ Name of employer: _____
Father's monthly take home earnings from employment: \$ _____

If applicant is minor mother's name: _____ Address: _____
Mother's occupation: _____ Name of employer: _____
Mother's monthly take home earnings from employment: \$ _____

All other monthly income: Welfare Payments, Child Support \$ _____ Pensions, Retirement, Social Security \$ _____
Unemployment, Worker's Comp. \$ _____ Any Other Income \$ _____

List all household members and ages: 1) _____ 2) _____
3) _____ 4) _____ List additional names on back.

Referring school (If applicant is child.): _____

Monthly household expenses: Utilities \$ _____ Food \$ _____ Phone \$ _____ Gas \$ _____
Rent \$ _____ Auto Insurance \$ _____ Prescriptions \$ _____ Cable TV \$ _____ Misc. Expenses \$ _____

I have lived in _____ County for _____ years.

Why are you applying for help in obtaining eyeglasses? _____

Family Physician: _____ Family Eye Doctor: _____

Are you able to pay any part of this expense? Yes _____ No _____ If so, When _____ \$ _____

Have you applied with other organizations for help with this expense e.g., Good Shepherd, Veterans, Tribal Eyeglass Program?

Yes _____ No _____ If so, whom? _____

Who may we thank for referring you to the Lions Club? _____

By my signature, I hereby testify that the above information is true, correct and complete to the best of my knowledge. False information will result in non-approval of this application. By my signature, I give permission for the release of pertinent information to the Members of the Ardmore Lions Club Eyeglass Committee.

Signature of Applicant, Parent or Guardian

Committee Members:

Name: _____ Date: _____ Y N

Name: _____ Date: _____ Y N

Mail completed form to: Ardmore Lions Club, P. O. Box 69, Ardmore, OK. 73402. Your application must be approved by Ardmore Lions Club. If approved, you may choose to have your eye exam with Dr. Don Martin @ Martin Eye Center, 130 D Street NW; Dr. Ryan Parker, 1201 Kiowa, Suite A; Dr. Rushing or Dr. Wells @ Wells Vision & Laser Eye Center, 1702 N. Commerce; Ardmore, OK

For Ardmore Lions Club Use Only:
Original to: Physician's Office
Copy to: Ardmore Lions Club Treasurer