

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

MEMBERSHIP INFORMATION

Award Material	<input type="checkbox"/> Original (\$100) <input type="checkbox"/> Add \$50 CAD for Wood Mount		
Person Being Honoured	<input type="checkbox"/> Lion <input type="checkbox"/> Lioness <input type="checkbox"/> Leo <input type="checkbox"/> PDG <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Name (as it will appear)	<input type="checkbox"/> To be named later		
Presenter			
Club Name			
Date of Presentation (if known)		Language:	<input type="checkbox"/> English <input type="checkbox"/> French

CONTACT PERSON

Full Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Home Telephone			
Email			
Comments:			

Please note that delivery time is 2-3 weeks from the date the order is received.

Please make cheques payable to: Lions Foundation of Canada

Please mail your payment to: 152 Wilson St., Oakville, ON L6K 0G6

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FELLOWSHIP INFORMATION

Person Being Honoured	<input type="checkbox"/> Lion <input type="checkbox"/> Lioness <input type="checkbox"/> Leo <input type="checkbox"/> PDG <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
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Date of Presentation (if known)		Language:	<input type="checkbox"/> English <input type="checkbox"/> French

CONTACT PERSON

Full Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Home Telephone			
Email			

Comments:	
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Award Cost \$250.00

Please note that delivery time is 3-4 weeks from the date the order is received.

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Presenter			
Club Name			
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CONTACT PERSON

Full Name			
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Province		Postal Code	
Home Telephone			
Email			

Comments:	
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Award Cost \$500.00

Please note that delivery time is 3-4 weeks from the date the order is received.

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PROGRESSIVE JUDGE BRIAN STEVENSON FELLOWSHIP ORDER FORM

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Name (as it will appear)	<input type="checkbox"/> To be named later		
Presenter			
Club Name			
Date of Presentation (if known)		Language:	<input type="checkbox"/> English <input type="checkbox"/> French

CONTACT PERSON

Full Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Home Telephone			
Email			

Comments:	
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Award Cost \$500.00

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CONTACT PERSON

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Province		Postal Code	
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Comments:	
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