



## Challenger Learning Center Membership Registration Form

**NEW**

**RENEWAL**

Membership Number: \_\_\_\_\_

### APPLICANT INFORMATION

(Circle One) Mr./Mrs./Ms.      Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Anniversary: \_\_\_\_\_

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

### MEMBERSHIP INFORMATION

Type of membership (Circle One):    Student    Senior    Duo    Family    Plaza Passport    Teacher

Payment Method:    Cash    Credit    Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

### SPOUSE INFORMATION

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### CHILD INFORMATION (If under the age of 18)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### SIGNATURES

I agree to the aforementioned benefits described to me for the membership that I have purchased. I agree to not abuse my membership or allow anyone else to use my membership card. The cost of membership is not refundable and cannot be exchanged or transferred.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

DVD: received    Y    N    \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Big Tickets Issued:    Y    N    Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Wall Star:    Y    N    attach wording on separate sheet

Membership Coordinator Signature: \_\_\_\_\_

Membership Card Sent: \_\_\_\_\_

Date: \_\_\_\_\_