

Challenger Learning Center of Tallahassee Membership Registration Form

NEW RENEWAL

Membership Number:

Referred By:

Membership Card Sent:

PRIMARY MEMBER INFORMATION

Mr. Mrs. Ms. Name	2:			
Address:				
City:	State:		Zip Code:	
Home Phone:	Cell Phone:		Work Phone:	
Date of Birth:	Anniversary:		Email:	
MEMBERSHIP INFORMATION				
Type of membership: Individual Duo Family Teacher				
Payment Method: Cash Crec	lit Check N	Iembership Cost:		
Additional Donation Amount:	Total Paid:		Date	
SECONDARY MEMBER INFORMATION (DUO & FAMILY MEMBERSHIP ONLY)				
Name: Email:				
Home Phone:	Cell Phone:		Date of Birth:	
SIGNATURE				
I agree to the 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 Big Tickets Issued: Y N Amount:Hollywood Documentary			ıre:	
Blast Off Bundle Coupon: Y N Sales		Sales Coordinator S	Sales Coordinator Signature:	

Date: