



Challenger Learning Center Membership Registration Form

NEW

RENEWAL

REFERRED BY:

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 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: _____

Date: _____

Big Tickets Issued: Y N Amount: _____

Membership Coordinator Signature: _____

Wall Star: Y N attach wording on separate sheet

Date: _____

Membership Card Sent: _____