Challenger Learning Center
Membership Registration Form

NEW **RENEWAL**
Membership Number:

REFERRED BY:

PRIMARY MEMBER 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:	

SECONDARY MEMBER INFORMATION (DUO & FAMILY MEMBERSHIP ONLY)		
Name:	Email:	
Home Phone:	Cell Phone:	Date of Birth:

CHILD INFORMATION (DUO & FAMILY MEMBERSHIP ONLY; UNDER THE AGE OF 18 ONLY)	
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:

SIGNATURE	
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

Tumbler: received Y N

Big Tickets Issued: Y N Amount: ___Hollywood
___Documentary

Wall Star: Y N attach wording on separate sheet

Membership Card Sent: _____

Supervisor Signature: _____
Date: _____

Membership Coordinator Signature: _____
Date: _____