



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: _____

Email: _____

MEMBERSHIP INFORMATION

Type of membership (Circle One): Individual Duo Family Teacher

Payment Method: Cash Credit Check # _____

Membership Cost: _____

Additional Donation Amount: _____

Total Paid: _____

Date _____

SECONDARY MEMBER INFORMATION (DUO & FAMILY MEMBERSHIP ONLY)

Name: _____

Email: _____

Home Phone: _____

Cell Phone: _____

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

Supervisor Signature: _____

Date: _____

Big Tickets Issued: Y N Amount: _____Hollywood
_____Documentary

Sales Coordinator Signature: _____

Date: _____

Blast Off Bundle Coupon: Y N

Membership Card Sent: _____