



# LearningQUEST Membership Application

(Please complete legibly)

Annual Membership Dues: \$30.00 per person per calendar year

Renewing Member(s) Membership Number(s) \_\_\_\_\_ / \_\_\_\_\_  
 New Member(s)

(bottom left corner of your badge)

**One membership & both registration forms for you & spouse can be submitted with one check covering the total amount.**

Circle: Mr. Mrs. Dr. Ms. Other\_\_\_\_\_

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

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

Circle: Mr. Mrs. Dr. Ms. Other\_\_\_\_\_

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

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

Name(s) on Badge(s): \_\_\_\_\_ and \_\_\_\_\_

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

Street/P. O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landline: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_

Mobile: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_

Landline: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_

Mobile: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about LearningQUEST? \_\_\_\_\_

LQ Member that suggested you join (if applicable) \_\_\_\_\_

Make check payable to: LearningQUEST

and return to: LearningQUEST

P. O. Box 2387

Huntsville AL 35804

**LearningQUEST** assumes no liability for any damage or personal injury sustained when a member is participating in any LearningQUEST sponsored programs. A separate "Waiver of Liability" may be required for participation in some activities.

Membership implies permission to use your photo for LearningQUEST publicity. If you do not want your photo used, please notify the photographer.

Please visit our website, [www.LQUEST.org](http://www.LQUEST.org). Thank you.