



LearningQUEST Membership Application

(Please complete legibly)

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

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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. Thank you.