



# LearningQUEST Membership Application

Please complete legibly)

**Annual Membership Dues: \$20.00 per person per calendar year**

- Renewing Member(s) Membership Number(s) \_\_\_\_\_/\_\_\_\_\_ (bottom left corner of your badge)
- New Member(s)

**Reminder: You can submit one check for both Membership (you and your spouse) plus registration. Just clip all the forms together with one check covering the total amount and submit. This form can be filled out for your spouse also.**

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

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

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

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

How did you hear about LearningQUEST? \_\_\_\_\_  
LQ Member that suggested you join (if applicable) \_\_\_\_\_

Make checks 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" maybe 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