

LearningQUEST Membership Application

(Please complete legibly)

	□ New Mem	ber	
	□ Renewing	Member Membership Number: (bottom left corner of your name badge.)	
Circle One: Mr.	Mrs. Dr. Ms.	Other	
First Name:		Last Name:	
Name on Badge:	SAME AS ABOVE	OR	
Address:	Stree	et/P. O. Box	
City		State	ZipCode
Phone: ()		Cell Phone: ()	<u>-</u>
E-mail Address_			
	Annual Membe	ership Dues: \$20.00 per calendar year	

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" 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.

See our website, www.LQUEST.org for more information

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