

LearningQUEST Membership Application

(Please complete legibly)

	□ New Member	
	☐ Renewing Member	Membership Number: (bottom left corner of your name badge.)
Circle One: Mr.	Mrs. Dr. Ms. Other_	
First Name:	Las	st Name:
Name on Badge:	SAME AS ABOVE OR	
Address:	Street/ P. O. Box	/ Apt. #
		State Zip Code
Phone: ()	Co	ell Phone: ()
E-mail Address_		
		?

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, however if you do not want your photo used, please notify the photographer.

Please visit our website, www.LQUEST.org for more information.

Thank you!

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