



MEMBERSHIP APPLICATION

Name _____

Spouse _____

Email _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Child's Name _____ Child's Birth Date _____

School District _____ Regional Center _____

Sibling Name(s) and Age(s) _____

Please check all that apply

Affiliation Parent Family Member Friend Teacher
Professional _____ Other _____

ANNUAL DUES: \$45 (for families this fee covers all adults and children in your household)

PAYMENT METHOD

- I am including \$45 cash to cover my annual dues.
- I am including a check for \$45 to cover my annual dues.
- I have paid my annual dues through PayPal online.

Please mail this form and any annual membership dues to

Club 21 Learning and Resource Center
539 N Lake Ave
Pasadena, CA 91101

OFFICE USE ONLY

Date Rcd _____
Check # _____
Date Processed (F1) _____
Confirmation Sent Date _____