



Center Membership Application 2024

Membership Year 1/1/2024-12/31/2024

Mail to: CECTH
9794 Old Hawn Rd
Huntingdon, PA, 16652

Center Membership—\$75 \$ _____

Please check ALL items that may be listed on the CECTH website.

___ Center Name (as it should appear on website): _____

___ Address: _____

___ Phone (best number to contact you on during the day): _____

___ Email Address (please print very clearly): _____

___ Website Address (please print very clearly): _____

___ Contact Name: _____

A Center Membership INCLUDES one (1) 2024 Individual Membership. Please complete the following for the Center’s designated recipient. NOTE: If the designated recipient is a Qualified Instructor (QI), there is an additional fee of \$10 AND the QI MUST fill out and return a QI Membership form.

Complimentary Individual Membership—\$0 \$ 0 _____

Name: _____

Address: _____

Phone (best number to contact you on in the evening): _____

Email Address (please print very clearly): _____

Donation—any level of donation is always appreciated— \$ _____

Please indicate if we may publish your name in our communications YES NO

CECTH is a 501 (c) (3) charitable organization. Receipts will be sent via regular mail.

Donor Name: _____

Donor Address (if different from above): _____

PAYMENT	TOTAL PAYMENT \$ _____
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Method of Payment: Check, payable to CECTH ____, Card ____, PayPal (on website) ____

If using a credit card, please fill in the section below. Be careful when writing out the numbers and verify before sending. Please do not indicate a previous credit card used or the last four numbers of a card as we do not keep this information on file.

Name as it appears on card: _____

Card Number: _____

Expiration: _____

Date: CVV #: _____

Billing Zip: _____

Total amount to be charged to this credit card: \$ _____

Signature of Card Holder: _____

RECIPT OF MEMBERSHIP WILL BE SENT VIA E-MAIL, IF PROVIDED.