



# 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

\$ \_\_\_\_\_

**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.**