

THE LEARNING CENTER MEMBERSHIP SUPPORT PROGRAM

PLEASE PRINT CLEARLY

Application Date: _____

Please Select One Membership

Silver Support Membership **Monthly \$49.95** or **Annual \$599.00**

All New members may apply for the Silver program.

Name/Company: _____ Contact: _____

SSN/Tax I.D.: _____

Date of client application in CMI, LCG or Lorbert: _____

Gold Support Membership **Monthly \$59.95** **Annual \$719.00**

Only members who have their Foundation may apply for the Gold program.

Name/Company: _____ Contact: _____

SSN/Tax I.D.: _____

Date of client application in CMI, LCG or Lorbert: _____

Date of your Foundation Academy: _____

Foundation Counselors Name: _____ Phone: _____

Platinum Support Membership **Monthly \$69.95** **Annual \$839.00**

Only members who have their Trust Systems may apply for the Platinum program.

Name/Company: _____ Contact: _____

SSN/Tax I.D.: _____

Date of client application in CMI, LCG or Lorbert: _____

Date of your Trust Academy: _____

Trust Counselors Name: _____ Phone: _____

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

FUNDS PAYABLE TO: TLC

Payment Method MUST BE CHECKED: Money Order Cashier's Check MasterCard Visa

Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Credit Card Number: _____ Expiration Date: _____

Print Name of Card Holder: _____

I authorize The Learning Center to automatically bill my credit card for the amount and installments checked above:

Signature: _____

**Mail application to: The Learning Center Membership
4955 NE Goodview Circle, Suite B
Lee's Summit, MO 64064**

Or Fax to: 816-478-9105

PLEASE MAKE A COPY AS YOUR RECEIPT