

# Membership Subscription Registration Form

(type in fillable form below)

## How to Register:

- 1 Complete this fillable form with your contact information and the members' first and last names, email addresses, and whether each member is new or a renewal.
- 2 If paying with **check** or **purchase order** and you do not know your tax rate/amount for Canadian (GST) and Washington State sales, please email [info@thedailycafe.com](mailto:info@thedailycafe.com) before generating check or PO.
- 3 Return this completed form **and** your purchase order/check/Credit Card Authorization Form as scanned documents by one of the following ways:
  - **Email** to [info@thedailycafe.com](mailto:info@thedailycafe.com)
  - **Fax** to The Sisters at 1-253-276-0073
  - **Mail** documents and make checks payable to:  
Educational Design, LLC—The 2 Sisters  
1911 SW Campus Drive #683  
Federal Way, WA 98023

## Membership Subscription Rates:

**Basic:** \$24 per year per member  
Stores CCPensieve records for an individual teacher.

**Premium:** \$39 per year per member  
Stores CCPensieve records for an individual teacher, allows student data to be shared with other member teachers and allows pdf printouts for reporting and email delivery.

Prices do not include applicable taxes

## Choose Method of Payment:

### Credit Card

Attach a completed Credit Card Payment Form

### Check

Check # \_\_\_\_\_

### Purchase Order

PO # \_\_\_\_\_

\_\_\_\_\_  
First and Last Name of School Contact

\_\_\_\_\_  
School Email Address

\_\_\_\_\_  
School or District

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone

### Please Note:

All fields are required and each member must have a unique e-mail. An e-mail will be sent to each member to confirm activation

All New

All Renewals

**First Name**

**Last Name**

**Email Address**

**New**

**Renewal**

1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Use next page as required for more members



# Membership Subscription Registration Form (cont'd)

(type in fillable form below)

First Name	Last Name	Email Address	New	Renewal
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/>	<input type="checkbox"/>
26.			<input type="checkbox"/>	<input type="checkbox"/>
27.			<input type="checkbox"/>	<input type="checkbox"/>
28.			<input type="checkbox"/>	<input type="checkbox"/>
29.			<input type="checkbox"/>	<input type="checkbox"/>
30.			<input type="checkbox"/>	<input type="checkbox"/>
31.			<input type="checkbox"/>	<input type="checkbox"/>
32.			<input type="checkbox"/>	<input type="checkbox"/>

Use additional pages for more members

## CREDIT CARD PAYMENT FORM

**PAYMENT INFORMATION (all information is required).**

**Credit Card payment forms that are not filled out completely could delay your registration process.**

We respect your privacy. The personal information requested below is for use in processing your credit card, which is done with secure encryption online. We never reveal, share, or sell member information. Charge will appear on your credit card statement as "The 2 Sisters".

\_\_\_\_\_

What are you paying for? (Name and date of workshop, etc)

\$ \_\_\_\_\_  
Total Amount  
(before applicable taxes)

\_\_\_\_\_

Who are you paying for? (Name(s) of people registering for the workshop)

VISA



\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Credit Card Number

\_\_\_\_\_

Name as it appears on Card

\_\_\_\_/\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code

\_\_\_\_\_

Billing Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email address (we will send you a payment receipt via email)

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date

**Office Use Only**

Credit Card Charged on \_\_\_\_\_ Transaction ID \_\_\_\_\_ Receipt Emailed on \_\_\_\_\_

