

## Starfall.com Membership Form

**CHOOSE A MEMBERSHIP TYPE - Be sure to include Email Address for membership!**

**PRICE QTY TOTAL**

<b>MORE-H</b>	<b>Home Membership</b> - One account for use by member's immediate family. Not valid for schools, businesses, or other organizations. 365 days.	<input type="checkbox"/> NEW	<b>\$35</b>	
	<b>Member Email Address:</b> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> RENEWAL	<b>\$30</b>	
<b>MORE-T</b>	<b>Teacher's Membership</b> - One Teacher and up to 6 simultaneous students. Teacher may use in classroom and authorize a computer or mobile device at home. Media Lab not permitted. Not valid for student home use. 365 days.	<input type="checkbox"/> NEW	<b>\$70</b>	
	<b>Member Email Address:</b> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> RENEWAL		
<b>MORE-C</b>	<b>Classroom Membership</b> - One classroom at school. Media lab is not permitted unless school has only one classroom per grade level. Teacher may authorize a computer or mobile device at home. Not valid for student home use. 365 days.	<input type="checkbox"/> NEW	<b>\$150</b>	
	<b>Member Email Address:</b> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> RENEWAL		
<b>MORE-S</b>	<b>School Membership</b> - One school campus. Media Lab(s) and classroom computers permitted. Each teacher from that school may authorize a computer or mobile device at home. Not valid for student home use. 365 days.	<input type="checkbox"/> NEW	<b>\$270</b>	
	<b>Member Email Address:</b> <input style="width: 95%;" type="text"/>	<input type="checkbox"/> RENEWAL		
<i>All memberships include over 750 educational activities for Pre-K through Grade 3.</i>			<b>GRAND TOTAL</b>	

### SELECT PAYMENT TYPE

- Mail in Check or Money Order** - Make Checks payable to Starfall Education. Please include this order form with your payment.
- Credit Card** - Please indicate card type:
- Visa    
  Mastercard    
  Amer. Exp    
  Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expires (MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_

CVV: \_\_\_\_\_

**BILLING ADDRESS:**

**SHIPPING ADDRESS (IF DIFFERENT):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

POSTAL ADDRESS

**Starfall Education Foundation**  
 P.O. Box 359  
 Boulder, CO 80306

EMAIL

**orders@starfall.com**  
 (pdf preferred)

TOLL FREE

**Phone 888-857-8990**  
**Fax 800-943-6666**  
 9am - 5 pm MST

OUTSIDE THE US

**Phone 303-417-6414**  
**Fax 303-417-6434**  
 9am - 5 pm MST