

Starfall.com Membership Form

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

PRICE QTY TOTAL

MORE-H	Home Membership - One account for use by member's immediate family. Not valid for schools, businesses, or other organizations. 365 days.	<input type="checkbox"/> NEW	\$35		
	Member <input style="width: 450px; height: 20px;" type="text"/> Email Address: <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/> RENEWAL	\$30		
MORE-T	Teacher's Membership - 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	\$70		
	Member <input style="width: 450px; height: 20px;" type="text"/> Email Address: <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/> RENEWAL			
MORE-C	Classroom Membership - 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	\$150		
	Member <input style="width: 450px; height: 20px;" type="text"/> Email Address: <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/> RENEWAL			
MORE-S	School Membership - 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	\$270		
	Member <input style="width: 450px; height: 20px;" type="text"/> Email Address: <input style="width: 450px; height: 20px;" type="text"/>	<input type="checkbox"/> RENEWAL			
<i>All memberships include all the Classic Starfall.com content, plus K-2 Math, Talking Library, songs, rhymes and phonics.</i>				GRAND TOTAL	

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: _____

BILLING ADDRESS:

Name: _____

School Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____

SHIPPING ADDRESS (IF DIFFERENT):

Name: _____

School Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____

POSTAL ADDRESS

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

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