

# SVHE MEMBERSHIP REGISTRATION FORM

Dues are \$22.00 if newsletter is sent by e-mail and \$27.00 if sent by regular mail.

*This form **must** accompany payment of dues.*

1. Membership runs concurrent with the school year; current membership expires with the August newsletter next year

2. Please show the names of all your children whether they are homeschooled or not.

**Please note:** Information about your children is strictly optional. This information will be shared only with other SVHE members for planning activities. It is not to be provided to anyone else for any reason

PARENTS: \_\_\_\_\_  
Father, Mother and Last Name

ADDRESS: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ CELL PHONE(s) \_\_\_\_\_

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

1. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

2. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

3. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

4. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

5. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

6. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

7. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

8. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

9. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

10. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

11. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

12. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

13. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

14. Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_ GRADE \_\_\_\_\_

**PERTINENT INFORMATION, SUGGESTIONS, QUESTIONS, FIELD TRIP IDEAS, PROGRAM IDEAS FOR MEETING, SOMETHING YOU WOULD VOLUNTEER TO DO...**Please make a note here and these will be passed to the appropriate person. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By my signature:
- I agree to abide by the SVHE Bylaws.
- I recognize that SVHE is organized based on the Statement of Faith.

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

- I agree to allow my name, address, phone numbers, email address and the names of my children to be available on the secure 'Members Only' section of the SVHE.com website unless this box is checked: