

# SMOKY VALLEY HOME EDUCATORS 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.*

Please show the names of all your children whether they are homeschooled or not. In the grade blank you may indicate public school students as such; you may indicate pre-schoolers as "PRE." Many of our functions are for the entire family, and we don't want some of your children to feel excluded because no one knows they exist!

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

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

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

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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.

Membership runs concurrent with the school year, so your current membership will expire with the September newsletter next year.

## **PERTINENT INFORMATION, SUGGESTIONS, QUESTIONS, FIELD TRIP IDEAS, PROGRAM IDEAS FOR MEETING, SOMETHING YOU WOULD LIKE TO VOLUNTEER TO DO...**

Please make a note here and these will be passed to the appropriate person.

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NOTE: IT WOULD BE HELPFUL TO OTHERS FOR YOU TO LIST THE CURRICULUM YOU ARE CURRENTLY USING: \_\_\_\_\_

- I agree to abide by the SVHE Bylaws.
- I recognize that SVHE is organized based on the Statement of Faith.
- I agree to allow my name, address, phone number, 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:

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

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

\*\*\*\*\*TREASURER USE ONLY\*\*\*\*\*

Date Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_

Cash: \_\_\_\_\_

Amount Paid: \_\_\_\_\_