

SVHE MEMBERSHIP REGISTRATION FORM

**Dues are \$22.00 newsletter is sent by e-mail
(\$27.00 if you are unable to receive the newsletter by e-mail)**

This form must accompany payment of dues.

1. Membership runs concurrent with the school year; current membership expires with the September newsletter next year.
2. Please show the names of all your children whether they are homeschooled or not. You may list alumni also. We will put them in the directory.

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 _____ check if new _____

E-mail: _____ check if new _____

Home Phone number: _____ CELLPHONE(s) _____

Registered School Name: _____

- | | | |
|------------------|------------|----------------|
| 1. Child: _____ | Age: _____ | Birthday _____ |
| 2. Child: _____ | Age: _____ | Birthday _____ |
| 3. Child: _____ | Age: _____ | Birthday _____ |
| 4. Child: _____ | Age: _____ | Birthday _____ |
| 5. Child: _____ | Age: _____ | Birthday _____ |
| 6. Child: _____ | Age: _____ | Birthday _____ |
| 7. Child: _____ | Age: _____ | Birthday _____ |
| 8. Child: _____ | Age: _____ | Birthday _____ |
| 9. Child: _____ | Age: _____ | Birthday _____ |
| 10. Child: _____ | Age: _____ | Birthday _____ |

List program ideas for meetings; activities you would like to volunteer for; questions, suggestions. _____

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: _____

TREASURER USE ONLY

Date paid _____ Check Number _____

Cash _____ Amount Paid _____