

SVHE MEMBERSHIP REGISTRATION FORM 2018-19

Dues are \$25.00

This form must accompany payment of dues.

1. Membership will expire August 31, 2019.
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 _____

E-mail: _____

Home Phone number: _____

CELLPHONE(S) _____

Registered (with the state) 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 _____

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 _____

Make checks to SVHE (Smoky Valley Home Educators)
Mail check to Nikole Bird, 4737 W. Schilling Rd. Salina, KS 67401