

**SVHE MEMBERSHIP REGISTRATION FORM**

**Dues are \$25.00**

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

- 1. Membership will expire August 31, 2021.
- 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: \_\_\_\_\_

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TREASURER USE ONLY Date paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_ Amount \_\_\_\_\_

**Make checks to SVHE** (Smoky Valley Home Educators)  
**Mail** check to Leah Graves, 2312 Kensington Rd., Salina, KS 67401