

FOR BOARD USE ONLY

Membership Number _____ Amount Paid _____ Ck# _____ NM _____ RM _____

Input Date _____ Notes: _____



Membership Application and Agreement

June 1, 2008 – May 31, 2009

Family Name: _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ City: _____ ST: TX

Zip: _____ Telephone: (home) _____ (cell) _____

E-Mail Address: _____

How do you prefer to receive the newsletter? *Circle One* **US Mail** or **E-Mail**

Church Affiliation: _____ # of Years Home Schooled: _____

Past Member of AAHE: (circle one) **Y N** What Year(s)? _____

Children: List all children, give last name if different from yours, indicate if your child is:

Home Schooled (**HS**) Attending public/private school (**PP**) Pre-school age (**PreS**) Graduating Senior (**GS**)

First Name	Last Name (if different)	Email	Age	DOB	Sex	HS	PP	PreS	GS

- **Please List any talents, gifts, skill, education or experiences that might be beneficial to our group.**
By using what God has provided, we will all enjoy ourselves and have a more beneficial experience in AAHE.

We, the applicants of said family:

1. Agree to abide by all of the Bylaws of the association as a condition of membership.
2. Have read, discussed, and agreed to abide by the Activity and Behavior Guidelines.
3. Recognize the possibility of physical injury associated within any association offering activities to its members, and hereby release, discharge and/or otherwise indemnify AAHE, any of its officers, agents, servants or facilities against any claim by or on our behalf as a result of our participation in AAHE and/or being transported to or from the same, which transportation we hereby authorize.
4. Acknowledge that the parent's or legal guardian's signature below binds the entire family to this agreement.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

All of the following items must be included for your application to be complete:

- Membership Application.
- Cash or Check Payable to Arlington Association of Home Educators.
 - \$25.00 **Early Renewal Rate** (Must renew by May 31st to receive this rate)
 - \$30.00 **First Year Membership or Renewals** (received **after** May 31st)
 - \$40.00 First Year Membership plus **Texas Home School Handbook (\$10.00)**
 - \$15.00 **On or After March 1, 2009 (no spring sports participation)**
- Business card and \$1 for advertisement in AAHE Directory, if applicable.

Please send the above items to:

**AAHE Membership
PO Box 180905
Arlington, TX 76096-0905**

DUES WILL NOT BE REFUNDABLE BECAUSE OF RESIGNATION FROM MEMBERSHIP

Single Parent Fund

Some home school families are less fortunate and AAHE helps with membership dues. If you are able to contribute to the Single Parent Fund, please do so by filling out the sheet below and turning it in with your membership dues.

- Yes, I would like to make a \$ _____ donation to the Single Parent Fund.
(All donations are tax deductible)
- I am a single parent that would like to talk about financial help with my membership dues.

Name: _____

Phone: (home) _____ (cell) _____ Best time to call: _____

Address: _____ City: _____ State: TX Zip _____

We send out all tax receipts at the end of the year.