

North Brevard Home School Association, Inc. Family Membership and Directory Update Application

Office Use Only

NBHSA: _____

FPEA: _____

Total: _____

Check# _____

Member# _____

Date: / /
Please print clearly.

Name: _____
Last
First
Spouse's Name

Address: _____
Street address

_____ **Phone #** _____
City
Zip code

E-mail address: _____ **Cell#** _____
Please print clearly.

This is my _____ year homeschooling. Please do NOT include my e-mail in the directory _____

Membership Options: (Please check one of the following.)

_____ NBHSA support group **only**-\$35.00 **(Note: Membership fee increases to \$45.00 after September 6th.)**

_____ NBHSA support group **and** FPEA-\$55.00 **(Note: FPEA discounted group rate (\$20) available ONLY thru August 31st. Afterwards, you MUST visit FPEA.com for individual registration (\$30).)**

| Names of children | Birth date | Grade | Gender | Home schooled? |
|-------------------|------------|-------|--------|----------------|
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |
| | / / | | M F | Yes No |

What curricula are you using?

_____ **I have read and understand the NBHSA Membership Guidelines and Statement of Faith and agree to comply with them.**

_____ **I have sent my Letter of Intent to the superintendent or am enrolled in an umbrella school.**

Member Signature

Date

Please mark the areas in which you would be willing to serve.

Field Trip Team: ___ Hostess Team: ___ Support Meeting Team: ___ Administrative Help: ___ Special Events Team: ___

Website: ___ New Member Mentoring: ___ Special Needs Mentoring: ___ Used Curriculum Sale: ___ Iowa Testing: ___

Any area not listed that you are willing to serve: _____