

C.H.E.B.W.A.

Christian Home Educators of the Blue Water Area

Member Registration Form

Family Name _____

Father's Name: _____

Mother's Name: _____

Home Phone #: _____

Cellular #: _____

Mailing Address: _____

Email Address: _____

What year did you begin homeschooling (for membership card)? _____

Children

Name	Birthdate	Name	Birthdate

Do you want to receive email updates from CHEBWA? Yes No

Do you want admittance into the private Facebook group? Yes No

If yes, what is your Facebook Name? _____

*You may need to accept a friend request from a leader to be added to the group

What type of activity or event would you like to help us organize? _____

***There are no changes in membership from the previous year

Sign below if you have read and accept the CHEBWA group policies in the membership covenant.

Name: _____

Date: _____

Leadership Use Only: Dues Added to Directory Email Newsletter Rec'd Directory FB Group ID card
