

**Homeschoolers Encouraging Learning & Providing Support**

**H.E.L.P.S. Membership Form 2008-2009**

Parent(s) Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Hm. \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Wk: \_\_\_\_\_

Wk: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Yearly membership fee is \$20.00 per family.** (Please contact a board member if this is a problem)

Make checks payable to **H.E.L.P.S.** Please return this form to Diana Hoag by September 22, 2008. (Diane Hoag 2570 Sheridan Dr. Maryland Heights, MO 63043)

**For administrative purposes only: Membership Form \_\_\_\_\_ Member. Fee \_\_\_\_\_ Dir. Info. \_\_\_\_\_ Waiver \_\_\_\_\_**

***I.D. \_\_\_\_\_ Scholarship \_\_\_\_\_ (Membership complete. Diana Hoag initial)***

\_\_\_\_\_

**DIRECTORY INFORMATION SHEET - 2008-2009**

Family Name: \_\_\_\_\_ Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Telephone Numbers: (Any you would like listed) \_\_\_\_\_

Email address: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Curriculum(s) used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interests or hobbies of family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_