

2016 – 2017 WTHEA Membership Registration

Name of Parent(s): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Second Phone: (____) _____

Email: _____

Number of years you have homeschooled: _____

Ages of your Children _____

(Please circle Children you are teaching)

Name of Cover School and/or School District for your student(s):

Are you a member of a Support Group Co-Op? (Please circle one)

Name of group: _____ County: _____

HSLDA Member? YES NO

Member of another THEA Chapter? YES NO

(Please renew with WTHEA next year)

Please mail completed form along with your Check for \$25.00 to:

**WTHEA
P.O. Box 10013
Jackson, TN 38308-0100**

For Office Use Only

Member: Returning New

CK # _____ CASH _____ EVENT _____ Receipt # _____