



West Florida Home Education Support League
 Post Office Box 11720
 Pensacola, FL 32524-1720
www.wfhesl.org

2011-2012

Membership Registration Form

Last Name: _____

New Member: Renewal:

Father: _____ Mother: _____

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: (required) _____

Please note: By supplying this e-mail address, you will be automatically subscribed to a WFHESL League-wide Announcement list. Please allow mail from wfhesl@yahoogroups.com. You will also receive your e-mail Member Newsletter notices here. Cell group e-mail lists are subscribed to independently. (Contact Cell Group Leaders for details)

Please list all the children living in your home.

Name	D.O.B.	Grade	Name	D.O.B.	Grade
1. _____	_____	_____	7. _____	_____	_____
2. _____	_____	_____	8. _____	_____	_____
3. _____	_____	_____	9. _____	_____	_____
4. _____	_____	_____	10. _____	_____	_____
5. _____	_____	_____	11. _____	_____	_____
6. _____	_____	_____	12. _____	_____	_____

Number of years you have home schooled? _____ Are you a member of the Home School Legal Defense Association? Yes No
 (Membership in WFHESL entitles you to a discount HSLDA membership)

Please Note: The News will be delivered electronically only. You must have Internet access or e-mail for announcements.

NOTE: If you want to receive a membership card, you must include a self-addressed, stamped envelope with this registration form and your payment!!

As a member of the West Florida Home Education Support League, WFHESL, I agree to:

- 1.) Diligently and consistently teach my students a reasonable course of study and meet the requirements of the Florida State Law.
- 2.) **Read and abide** by the Articles of Incorporation, Bylaws and Policies (Purpose Statement, Code of Conduct, Enrollment, Field Trip / Activity & Event, Check Policy) of WFHESL.
- 3.) Be responsible for the safety and conduct of my children, as well as any other children in my care at all league and cell group functions.
- 4.) I release WFHESL, its Board of Directors, its cell group leaders, and any other leaders or representatives, from any and all liability for any injury as a result of participating in any activities sponsored by WFHESL.
- 5.) I have attended or plan to attend the Home Education Workshop on _____
Month Year

 Husband's Signature* Date

 Wife's Signature* Date

*Signature denotes agreement to the above five statements

*** Continued on reverse side or page two.

Membership Dues\$15.00 \$ _____
This shall cover general administrative costs as well as provide a working budget.

Home Education Workshop included w/ membership
Any new member, or a renewing member whose membership has lapsed for a period exceeding three years is required to attend

HEF Contribution \$5.00 \$ _____
Home Education Foundation raises support and lobbying for Home Education Legislation to safe guard the existing and future legislation at the state level.

SGA (Student Government Association/Youth Meetings)..... \$5.00 per student/\$15 family maximum \$ _____
The SGA holds monthly membership meetings and plans monthly activities, such as service projects, educational field-trips, and other opportunities to fellowship. Membership is open to students in grades 7-12 whose families are members of WFHESL.

Note: Please also complete the SGA Registration Form (Page 3) as that form will be forwarded to the SGA Coordinators.)

Please list SGA participant(s) name(s): _____

Please make checks payable to: **WFHESL** **Total Amount of Check:** \$ _____
Bring to a League wide event or mail to: PO Box 11720
Pensacola, FL 32524-1720

The Group Discount Number for HSLDA membership for WFHESL members is 299-292.
Group name: West Florida Home Education Support League (WFHESL)
(Current members: contact HSLDA Discount Group Administrator to be added.
New applicants: apply directly at <http://www.hsllda.org/join/apply.asp>)

Please print both pages of the Membership Form on one sheet (back to back), fill out, sign, and return this Membership Registration Form ONLY.
If you have children joining SGA, complete page 3 also!
(Include your payment and a self-addressed, stamped envelope for your membership card!)

Office Use Only:

Date received: _____ Amount received: _____ Check # _____ Cash Other _____

Recorded by: _____

SGA Membership Registration (to be completed by SGA participants only)

Parents' Names: _____

Address: _____

Phone: Home _____ Cell: _____

Parent e-mail: _____

SGA Student #1 Name : _____

Student e-mail: _____

Student cell: (optional) _____

SGA Student #2 Name : _____

Student e-mail: _____

Student cell: (optional) _____

SGA Student #3 Name : _____

Student e-mail: _____

Student cell: (optional) _____

SGA Student #4 Name : _____

Student e-mail: _____

Student cell: (optional) _____

Office Use Only:

Date received: _____ Amount received: _____ Check # _____ Cash Other _____

SGA Registration included with WFHESL membership _____

Recorded by: _____