

Membership Form 2017 - 2018  
**NWACHEA**  
NorthWest Arkansas Christian Home Educators Association  
**of Rogers**

Membership information is published in a private NWACHEA directory of families.  
If you do not wish to be listed, please indicate:  **DO NOT print my information in the directory.**

**Your Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Your Employment Outside the Home (if applicable):**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Your Spouse's Info:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Your Children's Info:** (Please list & notate College or Public-Schooled Children as well)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

6. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

7. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_

8. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (in Sept '17): \_\_\_\_\_



Church Name: \_\_\_\_\_ City: \_\_\_\_\_

Curriculum Used: \_\_\_\_\_

**Home Business Information:**

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Description: \_\_\_\_\_

**Please indicate your membership involvement preference:**

I am interested ONLY in NWACHEA membership at this time.

My children and I would also like to participate in bi-weekly classes.

**Membership Dues: \$25.00 per family per year.** *If your family plans to join BOTH the Rogers and Fayetteville branches of NWACHEA, annual membership dues of \$25 will be paid to your "primary" group, and you will be able to join the second for 1/2 cost (\$12.50 per family).* NWACHEA's Membership Year begins August 1st. Dues are not refundable and are not prorated.

**Payment made by:**  CHECK (# \_\_\_\_\_)  CASH  PAYPAL

**Liability Release:** *I understand that there may be risk associated with the events, functions or activities in which I, my children, family members, or guests participate through the Northwest Arkansas Christian Home Educators Association (NWACHEA) and its local branches. In consideration of the right to participate in these events, I hereby agree to release, waive, and hold harmless NWACHEA, its leadership, members, and volunteers from any and all liability, loss, or damage and any claim or demands for the same for any of the following: (a) bodily injury of any kind or death to any person participating in any NWACHEA event, function or activity; (b) damage to any property arising out of or related to my, my family's, or any guests attendance or participation in any NWACHEA event, function or activity.*

*I agree to be personally responsible for myself, my own children, my own family members, and my guests at all times when participating in any NWACHEA event, function, or activity. I also agree to take full financial responsibility for any damages caused by me, my children, my family members, or my guests, to any property, and I therefore, agree to indemnify NWACHEA and its leaders and volunteers for any such damages for which they may be charged.*

*I/We, the Legal Guardian(s) hereby grant NWACHEA, its leaders, and its volunteers full authority to take any actions they may consider to be warranted under emergency circumstances for my child's health and safety. I/We understand that it is the responsibility of each participant to provide his or her own insurance coverage for accidents, illnesses or injuries of any nature incurred during any NWACHEA event, function or activity. I/we agree to take full financial responsibility for all costs if we do not have insurance coverage, and for co-payments, deductibles and any other amount that is not covered by any insurance policies we may have.*

*I certify that I am the legal parent or guardian of the participants listed on this membership form and that I have fully read and fully agree to everything in this document. I hereby join in each and every part of the release and hereby relinquish any claim that I might have against NWACHEA and its leaders, members and volunteers.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NWACHEA of Rogers, P.O. Box 1414, Rogers, AR 72757-1414

Coordinator Contact: **Zoie Fair**, Email: [mnzfair@sbcglobal.net](mailto:mnzfair@sbcglobal.net)

You are invited to join the NWA Homeschool Email Digest. For more info, visit: [www.nwachea.org](http://www.nwachea.org)