

# 2011 – 2012 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)**

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**

CK # \_\_\_\_\_ CASH \_\_\_\_\_ EVENT \_\_\_\_\_ Receipt # \_\_\_\_\_