



THANK YOU for taking an interest in being part of the El Paso homeschool support group! Please be advised that your request for membership has been received. In order to complete the process of your application the following is needed:

1) Complete member application form below.

2) Save and send as an attachment to [shn\\_members@yahoo.com](mailto:shn_members@yahoo.com) or mail to:

SHN, P. O. BOX 972992, EL PASO, TX 79997-2992

3) Mail membership dues with application.

4) You can also pay using the Paypal button on the membership page on our website.

**Membership Application**

Full Name (Last, First, MI): \_\_\_\_\_

Spouse's Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone:(\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child(ren) Name and (Age):  
\_\_\_\_\_  
\_\_\_\_\_

Curriculum preferred: \_\_\_\_\_

Skills/Business/Employer: \_\_\_\_\_

New or renewing? \_\_\_\_\_ If new member, whom were you referred by: \_\_\_\_\_

I wish to be listed in the homeschool directory: yes or no

I wish to receive e-mail updates and notices: yes or no

**PAYMENT METHOD #1**

I am printing this form and mailing along with my yearly membership dues in the amount of \$10.00.

Check or Money order number: \_\_\_\_\_

VISA OR MASTERCARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_