

New Member _____

FAITH

Returning Member _____ (Families Active In Teaching at Home)

Return to:
FAITH
P.O. Box 2202
Stephenville, TX 76401

Membership Application

_____	_____	_____
Last Name	First Name	Spouse's Name
_____	_____	_____
Address	City	Zip Code
_____	_____	_____
E-Mail	2nd E-Mail	Phone

Children Currently Home Schooling

Name	DOB	Name	DOB

Please Check here if you do not wish the following information to be included in a resource directory: _____

Curriculum: _____

Home Business: _____ Occupation: _____

Work Phone: _____

Church Affiliation: _____ Years Home Educating: _____

We have read and fully understand the FAITH Constitution, Demeanor By-Law and Statement of Faith. Our signatures indicate we agree to abide by this Constitution and Demeanor By-Law.

Father: _____ Date: _____

Mother: _____ Date: _____

Dues: \$20.00 per year

Dues Paid: _____	Collected By: _____	Date: _____
------------------	---------------------	-------------