

# All For Christ Homeschool Support Group

## Membership Application

Date: \_\_\_\_\_ FPEA member: yes \_\_\_\_\_ no \_\_\_\_\_

Family name: \_\_\_\_\_ FPEA Member Number: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Children

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

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

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

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

Phone number: ( ) \_\_\_\_\_ email address: \_\_\_\_\_

Homeschool experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Curriculum used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Areas of expertise/hobbies: \_\_\_\_\_

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Signature

Date