



Membership Application and Renewal Form

Instructions

1. Complete the information below.
2. Include a check or money order made payable to AFHE.
3. Send the application and check to: **AFHE, P.O. Box 2035, Chandler, AZ 85244-2035**

Husband's First & Last Name: _____

Wife's First & Last Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

County: _____

E-mail Address: _____

AFHE E-MAIL LIST:

Would you like to receive occasional e-mail updates from AFHE about legislative issues and other information of interest to homeschoolers in Arizona?

- Yes**, please add me to the AFHE e-mail list to receive updates and information
- Yes**, I am already on the AFHE e-mail list and want to continue receiving them
- No**, I do not wish to be added to the AFHE e-mail list

Privacy Notice: Your e-mail address and contact information will never be shared or sold.

MEMBERSHIP TYPE: ___ New ___ Renewal

Renewals will extend current memberships by one year from the expiration date.

Make Check Payable to AFHE

Annual Membership Fee

\$ 25.00

If you would like to make a tax deductible donation to the

Homeschool Scholarship Fund, please indicate amount here: ___ \$1 ___ \$5
___ Other \$ _____

TOTAL ENCLOSED: \$ _____