

Thank you for trimming the form neatly on the border. Form must be completed - even for renewals!

MPE MEMBERSHIP APPLICATION/RENEWAL

Name(s) of Parents _____

Street/Box _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

Curriculum _____

First year of "formal" home education _____ Have not started yet _____

Do you want this information to be printed in the MPE Directory? Yes _____ No _____

Indicate the number of your homeschooled children by grades:

Preschool _____ K-3 _____ 4-6 _____ 7-8 _____ 9-10 _____ 11 _____ 12 _____

We would like to receive the newsletter by: Post Email [faster] (Circle One)

Please indicate areas where you may be interested in volunteering:

_____ Conference	_____ Website	_____ Used Book Sale
_____ Library	_____ Newsletter	_____ College Scholarships
_____ BOD Member	_____ Mentoring	_____ Public Relations

_____ **Membership Application** _____ **Membership Renewal**

Return with \$35 payment to MPE - P. O. Box 14391 - Lenexa, KS 66285-4391

For Administrative Use Only Directory _____

Check No. _____ Amount _____ Date _____ Final Issue _____