

Sand Springs CHEF Membership Form

Name _____
(Last) (His) (Hers)

Address _____

Phone _____ Her DOB ____ - ____ (Month-Date)

Email _____

Best time of day to call _____

Number of years homeschooling experience (K & up) _____

Child's First Name	Grade	DOB	M/F
_____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____
_____	_____	____ - ____ - ____	_____

Would you allow your child(ren) or your family's unsolicited pictures to be printed in our monthly newsletter and/or used in our yearbook or website?

Yes _____ No _____

Would you allow the above information to be printed in a SS CHEF Directory if one is published for our group?

Yes _____ No _____

Please sign your name _____

Membership fees for Sand Springs CHEF is \$10.00. Please make checks payable to Sand Springs CHEF.

Return this form with your dues to:

Kim Thompson

22709 East 98th Street

Broken Arrow, OK 74014