



WASH MEMBERSHIP FORM

2018-2019 SCHOOL YEAR

Highlighted fields are required to process your membership.

Husband Name: _____ Occupation (optional) _____

Wife Name: _____ Occupation (optional) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email (if you have): _____ (Email address is for WASH Board use only.)

Child's name (please list all children in your household)	Age	Grade 2018-19	Home school	Private	Public	Post-high school

(PLEASE CHECK APPROPRIATE SCHOOLING FOR EACH CHILD)

This school year is the beginning of the _____ year we've been home schooling.

Curriculum used _____

PLEASE CHECK THE APPROPRIATE BOX(ES):

- I am enclosing \$30.00 for my WASH Membership Dues for the 2018-19 School Year. I understand that I will be receiving a membership directory, newsletters, a business directory, and a WASH membership card.
- I would like to donate to WASH, Inc. If so, please specify amount: \$ _____
- Please send me a tax deductible receipt of my payment.
- I am not interested in becoming a WASH member at this time, but please keep my name on your mailing list for next year.
- I am no longer home educating. Please remove my name from your mailing list.

PHOTOS: Photos may be taken at WASH events and we would like to include them in newsletters or posted at WASH activities. By signing this form and paying the membership fee, you are agreeing to have your image included in the newsletters and posted at WASH activities or password-protected areas of the website. (No photos will be posted on the non-password protected areas of the website.)

NEWSLETTERS: All newsletters will be sent via postal mail and email.

VOLUNTEER PREFERENCE: Please indicate at least one activity this year you would like to help with such as planning events, activities, or chaperoning. _____

OTHER:

I am a local business owner/operator and I would like my business to be published in the WASH business directory. (Please provide the following):

Type of Business: _____ Business Name: _____

Address: _____

Phone number: _____

OPTIONAL! If you offer a discount or special for WASH members, please list below what that discount is.

We have a facility that might be useful for a WASH event and would be willing to let WASH borrow it. (Please describe): _____

I am willing to teach a class for other home school families. If so, what? _____

W.A.S.H., INC. ACTIVITY LIABILITY RELEASE FORM
2018-2019 SCHOOL YEAR

(Children will not be allowed to participate if release form has not been signed and returned.)

I understand that injuries can occur during activities including, but not limited to field trips, sports activities, craft days, and all other WASH sponsored activities. To allow WASH to permit my child's/children's participation, I, as parent or guardian, hereby give my consent and agree to release, and hold harmless WASH, its leadership team, the facility used, and the activities committee from any claim arising out of injury to my child/children. ***By signing this release form, I am also indicating that I have read and agree to abide by the WASH, Inc. bylaws.. (If you need a copy of the bylaws, please send a request via email to info@washlines.org or view the bylaws on our website, www.washlines.org).***

Signed _____ Date _____

Thank you for completing the WASH Membership Form!

PLEASE MAKE CHECKS PAYABLE TO: **WASH, Inc.**

Return this form with your check to:

W.A.S.H., Inc.

25825 Co. Rd. 1 NW

Brooten, MN 56316

