

Highlighted fields are required to process your membership.

WASH MEMBERSHIP FORM 2024-2025

Husband Name _____ Occupation (optional) _____

Wife Name _____ Occupation (optional) _____

Street Address: _____

City: _____ Zip Code: _____ Cell Phone: _____

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

(Please check appropriate schooling for each child)

Child's name (please list all children in your household)	Age	Grade 2024-25	Home school	Private	Public	Post-high school

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 dues for 2024-2025. If you would like all newsletters mailed there is an extra \$10 fee for the increase of postage. I understand that I will be receiving a membership directory, newsletters, a business directory, and a WASH membership card.
 - Please send me a receipt for my membership dues.
- 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. *

**If you would rather respond by email, please send your message to info@washlines.org.*

NEWSLETTER PREFERENCE: With the increase in cost of postage, we will require an extra \$10 for a printed newsletter to be mailed every month. Everyone will receive the first newsletter and the printed directory and membership card by mail.

- I would like an email only version of the monthly WASHLINES newsletter.
- I would also like a print version of WASHLINES * Additional cost - \$10*

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 site.)

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 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?) _____

**WASH Activity Liability Release Form
Fall 2024-2025**

(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 Becky Jaenisch at mbjaenisch@yahoo.com or view the bylaws on the 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:

WASH, Inc.
17842 Hwy 71 NE
New London, MN 56273