

ATTACHMENT A

Note: This attachment is to be filled out by Grandparent, Nanny, or Other

CHEA MEMBER'S FAMILY NAME: _____

YOUR NAME: _____

RELATION TO CHEA MEMBER'S FAMILY: _____

YOUR ADDRESS: _____
(street address) (town) (zip code)

YOUR EMAIL: _____ YOUR PHONE #: _____

ARE YOU AN ACTIVE CHURCH MEMBER? Yes/No WHERE? _____

CHILDREN IN YOUR CARE

Name	Birthday	Gender	Grade	Homeschooled?

(Attach additional sheet if needed)

AGREEMENT

I have read the CODE OF CONDUCT for CHEA, agree that my family will honor this code of excellence at all CHEA functions, and that failure to do so may result in restriction from future activities. I hereby understand the terms of membership to CHEA and agree to the STATEMENT OF FAITH and STATEMENT OF PURPOSE at set forth in the by-laws. I am currently in compliance with the legal status of homeschooling in Florida. U understand that failure to comply with any of the above, at any time, will result in membership denial or termination.

Further, I release Christian Home Educator's Association, its Steering Committee, it representatives, assignees, and/or any institutions or facilities from all liability for any injury to my family or dependants as a result of participation in homeschooling field trips, events, or activities.

X _____ Date _____

CHEA reserves the right to deny membership to a prospective member by a MAJORITY decision of the Board, based on non-compliance to the application or due to findings determined through personal or phone interview with the applicant.

Please turn in completed form with Membership Payment