

EMACHE

Eagle Mountain Area Christian Home Educators
Membership Application

P.O. Box 1218
Azle, TX 76098
www.emache.org

Father's Name: _____ **Mother's Name:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Email Address: _____ **Phone Number:** _____

Father's Occupation: _____ **Mother's Occupation:** _____

Children's Names	Age	Children's Names	Age
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Church Affiliation: _____ **EMACHE Member How long:** _____

_____ **Initial here if you would like the newsletter emailed to you.** If you want it mailed, add \$5 to membership.

Annual Membership Fee is \$25 – Check payable to Bob Terry

Curriculum Used: _____

Required Agreement for Membership

- EMACHE shall be composed of home educating families who desire to affiliate. By joining EMACHE, member families agree to operate their home schools in accordance with the Statement of Principles (Article VIII) and the Confession of Faith (Article IX), and agree to abide by this Constitution. Failure to comply with this provision shall be grounds for dismissal from membership.
- Membership dues will be exacted per family and will be determined each year by the officers with the approval of the membership in regular business meetings. Special provision will be made for those who desire to be members, but are unable to pay.
- Those who cease to abide by the Constitution, or who otherwise bring disrepute on the Association shall be biblically confronted by the officers of the Association for restoration and, if necessary, will be removed from membership by unanimous consent of the officers (Matthew 18: 15-20; 2 John 9-11; I Corinthians 5:1-5).
- I hereby agree to my child's participation in any and all of the Physical Education activities sponsored by EMACHE. I further waive any and all claims against the leaders of EMACHE, including the instructors of P.E. I also waive any and all claims against the facilities used by EMACHE. In the event of an emergency, the instructor has my permission to obtain medical treatment for the child at the nearest hospital or doctor at my expense.

I agree to abide by the EMACHE Constitution or withdraw from membership. I understand that unless I am a first-year member I am expected to volunteer to coordinate or assist in some activity or function, and that the above information will be published in the EMACHE Directory for use by its members only.

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____

For Office Use Only

_____ Membership Payment _____ P.E. Payment _____ Newsletter Hardcopy