



ANNUAL FAMILY MEMBERSHIP REGISTRATION FORM

Husband's Name: _____ Wife's Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I would like to receive APHEA e-mails on homeschool news and legislative updates.

I would like to receive my APHEA newsletter electronically.

Annual Family Membership: \$25.00

Please mail your membership form and check to:

*APHEA
PMB 179
189 E. Nelson
Wasilla, AK 99654*