Minnesota Association of Christian Home Educators (MÂCHÉ)
Membership Application

Please type or print all information clearly: *Revised September 2006*

Name _____ _____ _____
Last Husband - First Name Wife - First Name

Address _____ City _____ State_____ Zip _ _ _ _ _ – _ _ _ _

Phone (_____)_____ County of Residence _____ Federal Congressional District #_____

E-mail: _____ School District #_____ State Legislative District #_____ A or B
(Circle A or B)

HSLDA Number (if HSLDA member) _____ HSLDA renewal date_____

☐ **$35** New Membership
☐ **$35** Renewal Membership
☐ **$ 6** Replacement Binder (empty)

☐ Donation $_____
[MACHE is a 501 (c)(3) organization.]

Amount Enclosed _____

Check Number _____

Number of children being taught at home: K_____ 1-3_____ 4-6_____ 7-8_____ High School_____ Post High School_____

Please send this form with your check (payable to MACHE) to: **MACHE, P.O. Box 32308, Fridley, MN 55432-0308**