

Please return the entire page

CHEWV Membership Form

Name: _____

Address: _____

City/State/Zip: _____

County: _____ Phone: _____ E-mail: _____

Number of children, kindergarten and older, you currently home school: _____ Their First Names:

This information indicates how many students we represent; only used for legislative purposes.

Name of Support Group: _____

Please mail your membership form and a check or money order (made payable to CHEWV) for \$20 to:

**CHEWV Membership
David and Kelley Richman
RR 1, Box 64-2
Lost Creek, WV 26385**

For information on finding or starting a local support group in your area, contact Jan Layfield, CHEWV's State Support Group Liaison, at (304)536.3379 or information-networking@chewv.org.

CHEWV members have a broad scope of interest, training, and expertise. CHEWV is a volunteer organization and from time to time its members need to be called upon to provide assistance in various form and functions. What area(s) of interest, expertise, or training do you have that you could make available on a short-term basis?

CHEWV USE: Check # _____

Date Received: _____