

Mail To:
WHO, Inc.
P. O. Box 569
Marrero, LA 70073



****Official Use Only****

Membership Dues: \$12.00

Cash or Check# _____

Date: _____

Card: _____

Membership Form 2017-18

Please Print Information

Parents Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____

Best Time To Call: AM PM

Cell: - _____

Best Time To Call: AM PM

Child/Children's Name:

Birthday:

What Grade Is Your

First: Last:

MMIDDIYY

Child In This Year?

Would you like to be in the e-group? Yes ___ No ___ (It is the internet e-mail group)

If yes e-mail address: (Will be kept private)

Are you a member of Home School Legal Defense Association? Yes/No Can we add your member number to our group? Yes/No What is the number? _____

We send your newsletter by the e-mail. Please let us know if this is a problem.