GRASSROOTS MEMBERSHIP FORM – Please fill out and return to the welcome table to complete enrollment

Last Name:	First Name:	First Name:	
Address:	City/State:	Zip:	
Phone:	[] Phone Calls	[] Texts	
Email Address:			
Child(ren)'s Name(s)	DOB	Grade	
1	//		
2			
3			
4			
5			
Additional Adults (spouse, co-parent			
Name:			
Name:			
Would you be willing to help coordinate the VOLUNTEER REQUIREMENTS - <i>ALL</i> Of and chairs each gathering day. Additionally, Please select 2 or more jobs from the list ☐ Checking in arriving members	Grassroots members are required to set to you must volunteer at gathering days the below that you are willing to help with. □ Planning gathering	up and put away tables aroughout the year.	
☐ Setting up supplies before gathering	S -		
Cleaning up supplies after gatheringPlanning field trips	gs U Other		
PLEASE READ THE BYLAWS, PARTIC WAIVERS PRIOR TO COMPLETING TO *Supply fee subject to increase based on proby signing this document, I acknowledge the Grassroots Homeschoolers. I agree to fulfill	THIS NEXT STEP: ograms and participation. nat I have read and understand the policio	es set forth by the	
Signature:		Date:	
Payments may be made by cash, check pay grassrootshomeschoolers@gmail.com (YOU will be responsible for all fees incurr		Zelle:	

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