

2018-2019 MTHEA MEMBERSHIP FORM

PARENTS' NAMES: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (____) _____

E-MAIL ADDRESS: _____

(This gains you access to our members' section on the website)

- *MTHEA & THEA Membership is good through June 2019*

I am a member of _____ - Co-op/Tutorial

Send this form with a check for **\$35** to:

MTHEA

P.O. Box 2234

Smyrna, TN 37167