

HSLDA MEMBERSHIP APPLICATION

Every question should be completely answered by parent or legal guardian using black or blue ink. Please do not staple correspondence to this application.

1 PERSONAL

Mr. Mrs. Miss Ms. Other title
 Mr. Mrs. Miss Ms. Other title

Name Spouse

Last First Middle initial Last First Middle initial

Address

City State Zip code

Phone () Email

2 Q & A

Yes No **A** Are you a U.S. citizen?
 Yes No **B** Has your family previously been a member of HSLDA? If yes, when?

Yes No **C** Do you have school-age children (4–18 years old)? If no, skip to section 3 (Agreement).
 Yes No **D** Is someone other than a parent or legal guardian doing the majority of the homeschooling? *If yes, please explain on the back.*

Yes No **E** Have you been investigated for or charged with child abuse, neglect, or any other related charge within the past five years? *If yes, please explain on the back when the investigation occurred, if there was a finding of abuse or neglect, and if it has been fully resolved. Use a separate sheet if necessary. Include copies of any court documents and correspondence from social services.*

Yes No **F** Has any legal action been threatened or brought against your children, homeschool, or anyone associated with it, or have you been contacted by any local school district official, social worker, or other government official concerning your children, your homeschool, or your children's absence from public school? *If yes, please describe on the back of this form the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal documents, etc.*

If you answered "Yes" to questions D, E, or F, please fill out the Expanded Information Section on the reverse side of this form. ➔

3 AGREEMENT

By signing this application, we agree:

- That all the information presented on this form, to the best of our knowledge, is true and accurate.
- To exercise diligence in teaching our children in a responsible way.
- To use a thoughtful and intentional program of education to instruct our children.
- To keep records of each child's educational progress.
- To notify the Association promptly of any threatened or actual legal paper received by us related to our homeschool.

Signature Date

4 PROCESSING OPTIONS

Standard or Rush—Additional \$35 fee

For a nonrefundable fee of \$35, we will rush your application through the normal review process (which generally takes 2–3 weeks). Approval is not guaranteed. Payment plan applications cannot be rushed. Your signature authorizes us to charge this rush fee. If paying by check, include \$35 with your membership payment. Questions? Call 540-338-5600.

SIGN ONLY TO RUSH APPLICATION!

Signature

5 MEMBERSHIP OPTIONS

	One year	Two years	Five years	Lifetime
Standard	<input type="checkbox"/> \$115	<input type="checkbox"/> \$230	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000
Discount	<input type="checkbox"/> \$95	<input type="checkbox"/> \$190	<input type="checkbox"/> \$450	

HSLDA offers a special rate to pastors, missionaries, military personnel, and groups who have established a discount with HSLDA.

Indicate if you qualify for a discounted membership rate:

Full-time pastor Full-time missionary
 Active/retired/disabled military
 Member of a group that is part of HSLDA's Group Discount Program (*Complete information below.*)

Group name

Group # (*Provided by your group*)

To assist groups in keeping accurate records, HSLDA will provide your group administrator with periodic reports that include your name, zip code, account number, and membership date.

The Lifetime Membership will allow your membership to continue as long as you desire to be an advocate with us for the cause of homeschooling and HSLDA continues to offer services to homeschoolers. Lifetime members are entitled to all the privileges enjoyed by other HSLDA members, as well as the peace of mind that their membership will always be active. Lifetime Memberships are non-transferable, and HSLDA membership dues are not tax deductible.

Monthly Payment Plan \$10/month (first payment \$25)

- Payments can only be made by direct debit or credit card; no money orders.
- A \$15 setup fee is added to the first payment.
- All payment plan memberships automatically renew after the 12th month and are not eligible for multi-year memberships.
- Auto renewal can be cancelled only after the 12th month.
- Payment plan applications cannot be rushed.

Payment authorization—My signature below authorizes HSLDA:

- If using direct debit only*—To initiate electronic fund transfer in the form of pre-authorized check withdrawals (debits) from my account at the financial institution written on my check, to debit my first payment immediately, and to debit subsequent payments on the 10th of each month thereafter.
- If using debit/credit card*—To charge my first payment immediately, and debit subsequent payments on the 10th of each month thereafter.

This authority is to remain in full force and effect until HSLDA has received written notification from me of its termination at least five business days prior to the next payment processing date. I understand that membership is for a minimum term of one year.

Payment Plan Signature

6 PAYMENT METHOD

Please note: No refund is available once membership is established.

Check or money order payable to HSLDA (**Payment in full only. Please do not send cash or postdated checks.**)
 Direct debit: Attach a check with the current date for the amount of your first payment. (*Money order not available for payment plan.*)
 Debit/Credit card (*all fields required*): Visa MasterCard

Card # Name on card

Exp. date / Signature

Office Use Only	Account #	Payment type, date, and amount	Accepted by	Group #

STOP! If you answered "No" to questions D, E, and F, you do NOT need to complete this section.

Expanded Information Section—If you answered "Yes" to D, E, or F in section 2, please complete this entire section.

Explanations for questions D–F:

Please provide the names of both parents and anyone else who is providing instruction or supervision on a regular basis to your children.	Years of education completed or degree acquired:	What percentage of the teaching will this person be doing? <i>Column should total 100%.</i>	During what hours will this person be involved in teaching? <i>Example: 9 a.m.–5 p.m.</i>	If instructor works outside the home, please list work schedule (days and hours). <i>If you need more space, please explain below.</i>
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First name	Last name			
Father				
Mother				
Other				

Provide information on all children you are planning to teach at home. List additional children in "Additional explanations." (Generally, we cannot protect your right to homeschool any children other than those in your legal custody. If you are not the parent or legal guardian, please explain.)

Please list students age 4–18 who will be or are currently being homeschooled. <i>If child's last name is different from parents' last name, please provide.</i>	What is instructor's legal relationship to each child? BP=Biological/Adoptive parent NR=No legal relationship SP=Stepparent CC=Custodian of child (not court appointed) LG=Legal guardian (court appointed) GP=Grandparent	Date home-schooling first began (or will begin):	Is student enrolled in any public school program? <i>If yes, explain below.</i>	Is there any time during traditional school hours when this student will not be under adult supervision? <i>If yes, explain below for any child under 13.</i>
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First	Last	Age	Father			Mother		Other		M	Y	Yes		No		Yes		No	
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Additional explanations:

Please let us know . . .

A. I first heard about HSLDA from: <input type="checkbox"/> Home School Heartbeat <input type="checkbox"/> A local support group <input type="checkbox"/> Print ad <input type="checkbox"/> HSLDA E-Alert Service <input type="checkbox"/> Friend <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input style="width: 200px;" type="text"/>	B. I received this application from: <input type="checkbox"/> Conference table <input type="checkbox"/> Curriculum supplier <input type="checkbox"/> HSLDA office <input type="checkbox"/> Discount/support group <input type="checkbox"/> Friend <input type="checkbox"/> Conference materials bag <input type="checkbox"/> HSLDA website <input type="checkbox"/> Other <input style="width: 200px;" type="text"/>
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Send your application and payment to: HSLDA ■ P.O. Box 3000 ■ Purcellville, VA 20134 ■ 540-338-5600
 Street address: One Patrick Henry Circle, Purcellville, VA 20132 ■ Office hours: 8:30 a.m.–5:00 p.m. ET weekdays
 We cannot accept faxed applications. To apply online, go to www.hsllda.org.