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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 Mr. Other title _____

Name _____
Last First Middle initial

Mrs. Miss Ms. Other title _____

Name _____
Last First Middle initial

Address _____

City _____ State _____

Zip code _____ Phone (____) _____

Email _____

2

A. I heard about HSLDA from: Home School Heartbeat

A local support group Print ad

HSLDA E-lert Service Friend

Other _____

B. I received this application from: Conference table

Curriculum supplier HSLDA office

Discount/support group Friend

Conference materials bag HSLDA website

Other _____

3 I was previously a member of HSLDA: Yes No If yes, when? _____

4 Do you have school-age children? Yes No If no, skip to question 7.

5 Please provide the names of both parents and anyone else who is providing instruction or supervision on a regular basis to your children.

Check here if same as above

First name	Last name	Years of education completed	What percentage of the teaching will this person be doing? <small>Column should total 100%.</small>	During what hours will this person be involved in teaching? <small>Example: 9 a.m.–5 p.m.</small>	If instructor works outside the home, please list work schedule (days and hours). <small>If you need more space, please explain below.</small>
<input type="checkbox"/> Father _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mother _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____	_____

6 Provide information on all children you are planning to teach at home. List additional children on separate sheet. (Generally, we cannot protect your right to homeschool any children other than those in your own family. If any students are not part of your family, 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? <small>BP=Biological/Adoptive parent NR=No legal relationship SP=Stepparent CC=Custodian of child (not court appointed) LG=Legal guardian (court appointed) GP=Grandparent</small>			Date home-schooling first began (or will begin) <small>M Y</small>	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>			
	First	Last	Age		Father	Mother	Other	Yes	No	Yes
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations for questions 5–6:

7 Have you been investigated for or charged with child abuse, neglect, or any other related charge within the past five years? **Yes** **No**

If yes, please explain 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.

8 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 absence from public school? **Yes** **No**

If yes, please describe the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal proceedings, etc.

Explanations for questions 7–8:

Office Use Only	Account #	Payment type, date, and amount	Accepted by	Group #
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IMPORTANT: YOU MUST COMPLETE AND SIGN THE REVERSE SIDE.

9 By signing this application, we agree:

- To exercise diligence in teaching our children in a responsible way.
- To use a clearly organized 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.
- That all the information presented on this form, to the best of our knowledge, is true and accurate.

Signature

Date

Please note:

- A. Payment must be submitted with application. No refund is available once membership is established.
- B. Membership dues are not tax-deductible. HSLDA is not an insurance company and cannot guarantee legal representation in every situation.
- C. Membership begins once your application is reviewed, accepted, and entered in our membership database.
- D. The processing of applications usually takes two to four weeks (longer in the summer and fall) once we have received your application.
- E. You will receive a membership packet after your application is approved. Membership is valid from the date your application is processed.
- F. Of your annual membership dues, \$15.00 is the *Home School Court Report* subscription cost.
- G. HSLDA reserves the right not to accept any membership application and the right to revoke membership if any information has been misrepresented. If your application cannot be approved, we will return your check and send you a letter of explanation.
- H. Membership services are not available in connection with any child enrolled in a public school or government-supported program based in the home, such as a charter school, virtual charter school, or independent study program.
- I. HSLDA does not provide legal representation for members in matters involving divorce, child custody, or related domestic disputes.
- J. Because of HSLDA's active involvement in preserving traditional marriage, we do not provide legal representation for matters involving same-sex marriages, civil unions, polygamy, or related domestic arrangements.

10 Membership and Payment Options

- Choose membership option and payment type.
- **Note: No refund is available once membership is established.**

	PAY IN FULL NOW		
	One year	Two years	Five years
<input type="checkbox"/> Standard membership	<input type="checkbox"/> \$115	<input type="checkbox"/> \$230	<input type="checkbox"/> \$500
<input type="checkbox"/> Discount membership <i>Complete information below.</i>	<input type="checkbox"/> \$95	<input type="checkbox"/> \$190	<input type="checkbox"/> \$400

MAKE MONTHLY PAYMENTS

- **Payments can only be made by direct debit or credit card, no money orders.**
- **A \$10 setup fee is added to the first payment.**

\$11/month (first payment \$21)

\$9/month (first payment \$19)

- All payment plan memberships are set to automatically renew after the 12th month.
- Auto renewal can be cancelled any time after the 12th month.

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 20th of each month thereafter.
- **If using debit/credit card**—To charge my first payment immediately, and debit subsequent payments on the 20th of each month thereafter.
- **If claiming group discount**—To charge me standard membership if HSLDA records show that I am no longer a member of the indicated discount group.

This authority is to remain in full force and effect until HSLDA has received written notification from me of its termination in such time and in such manner as to afford HSLDA reasonable opportunity to act on it. I understand that membership is for a minimum term of one year.

Signature

(For making payments only.)

Discount information

HSLDA offers a discounted rate to pastors, missionaries, active or retired military personnel, and groups who have established a discount with HSLDA.

I qualify for a discounted rate because I am:

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

Group name

Group number *(Contact your group for number.)*

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.

11 Method of payment *(Please do not send cash.)*

- Check or money order payable to HSLDA *(Payment in full only.)*
- 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

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 – 5:00 ET weekdays
We cannot accept faxed applications. To apply online, go to www.hslدا.org