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 relevant documents, i.e. 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 page 2 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 keep records of each child's educational progress.
- To notify the Association promptly of any threatened or actual legal action or contact related to our homeschool.

Signature X _____ 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. 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 X _____

5 MEMBERSHIP OPTIONS

Membership Options	Standard	Special*	Automatic Renewal
Monthly Auto-pay (Minimum one-year term)	N/A	N/A	☐ **$10/month** Plus one-time $15 setup fee. *See terms on page 3.*
One year	☐ $120	☐ $100	☐ **Annual Auto-renew** Lock in HSLDA's current fees by having your one-year membership automatically renew! *See terms on p. 3.*
Two years	☐ $230	☐ $190	N/A
Five years	☐ $500	☐ $450	N/A
Lifetime Best deal!	☐ $1000	N/A	N/A
	Subtotal: $ _____		
Donate to the Homeschool Freedom Fund**: $ _____			**Total:** $ _____

Memberships are not transferable. Membership fees are nonrefundable and are not tax-deductible. If I have opted for annual auto-renew or monthly auto-pay, I certify that I have read and agree to the payment terms and conditions listed on page 3 of this application:

X_____

**See www.hslda.org/donate

***You qualify for a special membership price if you are:**

☐ A full-time pastor ☐ A full-time missionary

☐ Active/retired/disabled military

☐ A member of an HSLDA Discount Group (*Note: Group information must appear 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.

6 PAYMENT METHOD

Please note: No refund is available once membership is established. Please do not send cash.

☐ Check ☐ Money order (*Not available for any recurring payments*) ☐ Direct debit (*Attach a check with the current date in the amount of your first payment. For monthly auto-pay, first payment is $25.*)

☐ Credit/debit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card # ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ Name on card _____

Exp. date ___/___ Signature X _____

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

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. First name / Last name	Years of education completed or degree acquired:	What percentage of the teaching will this person be doing? *Column should total 100%.*	During what hours will this person be involved in teaching? *Example: 9 a.m.–5 p.m.*	If instructor works outside the home, please list work schedule (days and hours). *If you need more space, please explain below.*
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. *If child's last name is different from parents' last name, please provide.*			What is instructor's legal relationship to each child? BP=Biological/Adoptive parent; SP=Stepparent; LG=Legal guardian (court appointed); NR=No legal relationship; CC=Custodian of child (not court appointed); GP=Grandparent			Date homeschooling first began (or will begin):	Is student enrolled in any public school program? *If yes, explain below.*		Is there any time during traditional school hours when this student will not be under adult supervision? *If yes, explain below for any child under 13.*	
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:

- *Home School Heartbeat*
- A local support group
- Print ad
- HSLDA E-lert Service
- Friend
- Unknown
- Other

B. I received this application from:

- Conference table
- Curriculum supplier
- HSLDA office
- Discount/support group
- Friend
- Conference materials bag
- HSLDA website
- Other

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.hslda.org.

Why choose annual auto-renew or monthly auto-pay? You won't have to worry about forgetting to renew or experiencing any lapse in your member benefits—and you will avoid any future price increases.

Monthly Auto-pay

This payment option allows you to make regular small payments, rather than a large one. At the end of the year, we'll automatically renew your membership with no hassle for you.

TERMS:

By choosing the monthly auto-pay option, you authorize HSLDA to automatically collect payment each month of your 12-month membership and automatically renew your membership each 12-month period. (A one-time $15 setup fee is added to the first payment.)

- **If using direct debit only**—To initiate electronic fund transfer in the form of preauthorized check withdrawals (debits) from your account at the financial institution written on your check, to debit your first payment immediately, and to charge subsequent payments on the 10th of each month thereafter. (Returned items subject to $20 service fee.)
- **If using debit/credit card**—To charge your first payment immediately, and debit subsequent payments on the 10th of each month thereafter.

Annual Auto-renew

When your membership is up for renewal, we'll send you a notice and use the payment information we have on file to collect your payment. You don't have to do a thing!

TERMS:

By choosing the annual auto-renew option, you authorize HSLDA to automatically collect payment at the end of your 12-month membership and automatically renew your membership for the following 12-month period. If your discount group status has changed, you will be charged the appropriate amount.

- **If using direct debit only**—To initiate electronic fund transfer in the form of preauthorized check withdrawals (debits) from your account at the financial institution written on your check, to debit your first payment immediately, and to debit subsequent payments within 1–2 business days of your membership anniversary date. (Returned items are subject to a $20 service fee.)
- **If using debit/credit card**—To charge your first payment immediately, and debit subsequent payments within 1–2 business days of your membership anniversary date.

TERMS FOR BOTH AUTOMATIC PAYMENT OPTIONS:

- Payments can only be made by direct debit or by credit/debit card. Money orders cannot be used for any form of recurring membership.
- These options can be cancelled only after the 12th month and are not available for multiyear memberships.
- Payment updates must be received a minimum of 2 business days prior to your payment date and must include your HSLDA account number.
- If your account is deactivated or if you change your membership option (including conference pricing or promotional offers, etc.), you will be subject to future prevailing membership fees.
- Auto-renewal is not available with any promotional pricing.
- As long as your membership remains active, your membership fee will not be subject to price increases.
- HSLDA reserves the right to change these terms at any time.

This authority is to remain in full force and effect until HSLDA has received written notification from you of its termination in such time and in such manner as to afford HSLDA reasonable opportunity to act on it. You understand that membership is for a minimum term of one year. ***You must sign on page 1 of this application to indicate that you have read and agree to the terms of payment.***