

In a hurry? Join online at www.hslda.org

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. Mrs. Miss Ms. Other title _____
 Name _____
Last First Middle initial

Mr. Mrs. Miss Ms. Other title _____
 Spouse _____
Last First Middle initial

Address _____
 City _____ State _____
 Zip code _____ Phone (____) _____
 Email _____

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A. Where did you hear about HSLDA? Print ad

Home School Heartbeat Friend
 A local support group HSLDA E-let Service
 Other _____

B. From whom did you receive this application?

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

3 Was your family previously a member of HSLDA? Yes No If yes, when? _____

4 Do you have school-age children (4–18 years old)? 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.

	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>
Father <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
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 NR=No legal relationship
 SP=Stepparent CC=Custodian of child (not court appointed)
 LG=Legal guardian (court appointed) GP=Grandparent

First	Last	Age	Father	Mother	Other	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>	
						M	Y	Yes	No	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<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?
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 and correspondence from social services. **Yes** **No**

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?
If yes, please describe the threat, legal action, or contact (by whom and when). Include copies of correspondence, legal documents, 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 Membership and Payment Options—Please note: No refund is available once membership is established.

	One year	Two years	Five years	Lifetime	Monthly Payments
Standard membership	<input type="checkbox"/> \$115	<input type="checkbox"/> \$230	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$10/month (first payment \$20)
Special membership	<input type="checkbox"/> \$95	<input type="checkbox"/> \$190	<input type="checkbox"/> \$400	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 fees are not tax deductible.	<ul style="list-style-type: none"> • Payments can only be made by direct debit or credit card, no money orders. • A \$10 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 memberships cannot be rushed. <p>Payment authorization</p> <p>My signature below authorizes HSLDA:</p> <ul style="list-style-type: none"> • 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. <p><i>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.</i></p>
<p>HSLDA offers a special rate to pastors, missionaries, active, retired or disabled military personnel, and groups who have established a discount with HSLDA.</p> <p>You qualify for a discounted rate if you are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A full-time pastor. <input type="checkbox"/> A full-time missionary. <input type="checkbox"/> Active/retired/disabled military. <input type="checkbox"/> A member of a group that is part of HSLDA's Group Discount Program. (Complete information below.) <p>Group name <input type="text"/></p> <p>Group number (Contact your group for number.) <input type="text"/></p> <p><i>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.</i></p>					

10 Processing options

Additional rush fee—\$35 Signature

For a non-refundable fee of \$35, we will rush your application through the normal review process—which generally takes 4–6 weeks. Approval is not guaranteed. Your signature authorizes us to charge this rush fee. If you have questions, contact us at 540-338-5600. If paying by check, include \$35 with your membership payment.

Signature

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

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, approved, 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 payment 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 in matters involving same-sex marriages, civil unions, polygamy, or related domestic arrangements.

12 By signing this application, we agree:

- 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 action related to our homeschool.
- That all the information presented on this form, to the best of our knowledge, is true and accurate.

Signature Date

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 8:30am – 5:00pm ET weekdays
 We cannot accept faxed applications. To apply online, go to www.hslدا.org