

In a hurry? Apply online at [www.hsllda.ca](http://www.hsllda.ca)  
**HSLDA MEMBERSHIP APPLICATION**

**1** Language Preference:  English  French

Primary Contact   
First Last

What percentage of teaching will this person be doing?  %

Spouse's Name   
First Last

What percentage of teaching will this person be doing?  %

Address

City  Province

Postal Code  Phone (  ) -

Mobile (  ) -  Fax (  ) -

Email

**2** Primary reason for joining HSLDA

**3** Was your family previously a member of HSLDA?  Yes  No

**4** Do you have school-age children?  Yes  No

**5** Are there any significant, recurring times during traditional school hours when your children will not be under the supervision of their parents?  Yes  No

If yes, please explain:

**6** 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 official, social worker, or other government official concerning your children, your homeschool, or absence from public school in the last 5 years?  Yes  No

If yes, please explain:

**7 MEMBERSHIP AND PAYMENT OPTIONS**

	Monthly	One Year	Two Year
<b>Standard</b>	<input type="checkbox"/> \$13.56	<input type="checkbox"/> \$162.72	<input type="checkbox"/> \$325.44
<b>Discounted</b>	<input type="checkbox"/> \$11.30	<input type="checkbox"/> \$135.60	<input type="checkbox"/> \$271.20

- Group Discount: Group Name
- Full-time Pastor or Missionary
- Single Parent

I would like to donate \$  to support HSLDA.  
 Donations to HSLDA **do not qualify** for a tax-deductible receipt.

**Method of Payment**

- Cheque or money order payable to HSLDA
- Direct debit: Enclose a void cheque
- Visa  Mastercard

Card #  -  -  -   
Expiry  /

Total Amount Paid \$

Name (as it appears on card)

Signature

**Monthly Payments**

By selecting monthly payments, I understand that this membership will renew automatically each year until such time as I notify HSLDA in writing. (See terms and conditions.)

I authorize HSLDA:

- *If using **direct debit*** - To initiate electronic funds transfer (EFT) form of pre-authorized cheque withdrawals from my account at the financial institution written on the enclosed cheque on the 20th of the appropriate month. *Note: there will be a one-time \$10 administration fee withdrawn with the first payment.*

- *If using **credit card*** - To charge my credit card immediately with the one-time \$10 administration fee, and charge subsequent payments on the 5th of the appropriate month.

**Note: The one-time \$10 administration fee is only charged to members when monthly payments are set up.**

**Office Use only**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment Date & Amount	Date Accepted	Accepted By

## 8 TERMS AND CONDITIONS OF MEMBERSHIP

1. To exercise diligence in teaching our children.
2. To notify HSLDA of any challenges to our right to homeschool or any unusual government interference in our homeschooling lives.
3. To cooperate fully in the defence of any legal action (threatened or otherwise) which may be brought against our homeschool and provide any and all information and assistance to HSLDA as requested.
4. To provide complete and accurate information on this form and in all future dealings with HSLDA.
5. To keep records appropriate to our method of homeschooling, which HSLDA could use in a legal situation to show that we are meeting our legal requirements to educate our children.
6. HSLDA does not provide legal representation for member in matters involving divorce, child custody, or related domestic affairs.
7. Legal services are only available for issues that arise after your membership has been approved.
8. No refund of membership fees, in whole or in part, is available once membership is approved.
9. Membership does not begin until your membership application is approved. A new member package will arrive within 2 – 4 weeks.
10. Applications will not be considered until full payment is received.
11. Yearly memberships are for a period of 12 months and may not be cancelled.
12. Monthly memberships run continuously until we receive from you a written cancellation notice 30 days prior to your next scheduled payment.
13. HSLDA reserves the right not to approve any membership and the right to revoke any membership in the event that any of the terms and conditions are violated.
14. Membership benefits only apply to your immediate family.

Signature

X

Date

By signing this form I agree to the *Terms and Conditions of Membership*.

**HSLDA WILL TREAT THIS INFORMATION WITH ABSOLUTE CONFIDENTIALITY.**

*Welcome*  
to the **HSLDA Family!**

