Hualapai Hills Home Schoolers - Membership Application

c/o Mary Brown, 4868 Steinke Drive, Kingman AZ 86409

website: hualapaihillshomeschoolers.weebly.com

|  |
| --- |
| Both Parents’ Names |
| Address |
| City, State, Zip |
| Phone Numbers |
| Email Address |

Have you filed an ***Affidavit of Intent to Home School***with the Mohave County School Super-

intendent?\_\_\_\_\_\_\_ Would you like to be invited to our private Facebook page?\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Child’s Name | Age | Did you file an affidavit  for this child? Yes/No |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**WE NEED YOU!** – All members of HHHS are encouraged to participate in the group by either holding an office or planning an activity. Please list how you would like to contribute to HHHS for the upcoming school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Dues – The current annual dues are $10.00 per year per family with the year starting on September 1st. For those joining during the school year the following schedule will be followed per HHHS By-Laws.

(Sept. thru Dec. - $10.00) (Jan. thru Apr. - $5.00) (May thru Aug. - No fee)

Please return this membership form and your dues to the address listed above or give them to our club treasurer at our monthly meeting. (Please make checks payable to Hualapai Hills Home Schoolers.) For your family to be listed in our HHHS Directory we need your membership form and dues no later than our October meeting. Once you join HHHS you should receive monthly newsletters/emails informing you of all of the activities of the group. We look forward to an exciting educational experience with you and your family.

By evidence of my signature below, I am requesting to become a member of HHHS. I have received and reviewed a copy of the HHHS By-Laws, HHHS Code of Conduct, and HHHS Library Policies. I and my family have agreed to abide by these guidelines.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date dues paid\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_\_ Amount