

HARMONY HOME EDUCATORS MEMBERSHIP FORM

Please mail a check with this form to:
Harmony Home Educators, c/o Sharon Gardoski, 109 Woodside Drive, Clarks Summit, PA 18411

I am a new member

I am a renewing member

*Questions? Email:
membership@hhepa.org

Basic HHE Membership (required*) - \$10 \$10
Family Enrichment Day participation (opt.) - \$10 _____
Newsletter via US mail (opt.; all members receive it via email) - \$10 _____
Late fee (renewing members add \$5 if postmarked after August 1) - \$5 _____
Total (check payable to HHE**) \$ _____

*If your oldest child will not turn 5 before September 1, you may qualify for a free membership. Email membership@hhepa.org for details.
**Returned check fees are the member's responsibility and must be paid in order for the member to participate in HHE activities.

NOTE: Please send an email to email@hhepa.org with "HHE newsletter" in the subject line so that you will receive the newsletter and other important announcements. If you don't receive an email from email@hhepa.org within two weeks of joining, please send an email to that address to let us know.

First name: _____ Spouse's name: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Are you an HSLDA member? _____ Group #: _____ May we list you in the HHE directory? _____

Children: _____ If yes, may we list your phone number? _____

Name	Age	Grade	Homeschooled? (✓)	If not, please list school.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

School district of residence: _____

Curriculum currently using: _____

Do your children participate in any on-line school or charter school? _____ If so, which school? _____

What church do you attend? _____

Who is your evaluator? _____ Phone: (_____) _____

I have read and agree to abide by the Guiding Principles and Bylaws established by Harmony Home Educators.

Date: _____

All members must agree and sign to participate.

I have read and completely agree with the Statement of Faith professed by Harmony Home Educators.

Members who lead or teach must agree and sign.

~Please remember to print and complete page 2 of this form~

Officer use: Date recorded: ____/____/____ CK #: _____ \$ _____ Initials: _____ US Mail No E-Day

Your name: _____ Date: _____

Please fill out the following questionnaire so that we can better match members with possible ways to serve our group and plan for next year. Filling out this form will not commit you in any way.

Check below the areas in which you are gifted, talented, interested, or that you just enjoy doing:

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Promoting/Advertising |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Helping | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Cleaning/Setting Up | <input type="checkbox"/> Standardized Testing |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Sports/Games |
| <input type="checkbox"/> Making Phone Calls | <input type="checkbox"/> Office/Paperwork |
| <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Active on Facebook |
| <input type="checkbox"/> Good on Computer | <input type="checkbox"/> Other: _____ |

Check the activities or places below that you regularly attend:

- | | |
|---|---|
| <input type="checkbox"/> Enrichment Days | <input type="checkbox"/> Baseball School Day Trip |
| <input type="checkbox"/> HHE Field Trips | <input type="checkbox"/> Bowling Program |
| <input type="checkbox"/> Closing Program | <input type="checkbox"/> Parents' Meetings |
| <input type="checkbox"/> HPE4ME at BBC | <input type="checkbox"/> Spring Highway Clean-up |
| <input type="checkbox"/> SCA Field Day | <input type="checkbox"/> Philharmonic Concert |
| <input type="checkbox"/> Used Curriculum Sale | <input type="checkbox"/> Abington Community Library |

What is the best weeknight, time, and location for you to attend a Parents' Meeting? _____

What are your interests/hobbies/passions/favorite subject/occupation? _____

What are your spouse's interests/hobbies/passions/favorite subject/occupation? _____

What are your children's interests/hobbies/passions/favorite subjects?

Elementary age: _____

Jr/Sr High school age: _____

Please list any organization or person you think would interest our kids as a speaker for Enrichment Day:

_____ Please sign here if you are in full agreement with HHE's Statement of Faith.