

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.

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