

THSC Association Membership Application

THSC Association is an advocacy organization {under IRS code section 501(c)(4)}, not an insurer.

Applicant(s) (Full name as you wish for it to appear on Teacher ID) [Only parent(s)/legal guardian(s) will receive Teacher IDs.]

Circle one: Father Mother Guardian _____

Circle one: Father Mother Guardian _____

Address _____

City _____ Zip _____ Phone (_____) _____

E-mail _____ Member of (Support Group) _____

Children (Give the following information for each child being taught at home.) [Check box after name to receive Student ID.]

Full name (as you wish for it to appear on Student ID)	Date of birth	Relationship to applicant(s)
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____

History (If extra space is needed for any answer, please attach a separate piece of paper.)

In what year did or will you begin teaching at home? _____

If you have ever had any contact with local public school officials concerning home education, what was the nature of each contact? _____

List all contacts and all threats of litigation, if any. _____

If you have ever been sued or a party to a legal suit concerning a child or children, attach a separate sheet and list each suit (criminal and/or civil litigation) and the current status or outcome.

Payment Options (Membership will not be processed unless one Payment Amount is chosen and applicable Payment Method is checked.)

Membership is for a minimum of one year. Cancellation of automatic charges requires balance for the remainder of the current membership to be paid in full.

Pay in Full <input type="checkbox"/> One year (\$100) <input type="checkbox"/> Discounted w/membership* (\$85) <input type="checkbox"/> Lifetime (\$1000)			
Pmts.	Amount	Method	Agreement to Automatic Payments
Auto-Renew Annually	\$95	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of the same month in at least the following year.**
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of the same month in at least the following year.**
	\$80*	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of the same month in at least the following year.**
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of the same month in at least the next year.**
Monthly Pmts. for One Year	\$9	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of the next 11 months.
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of the next 11 months.
	\$8*	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of the next 11 months.
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of the next 11 months.
Monthly Pmts. w/ Auto-Renew	\$8.50	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of at least the next 23 months.**
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of at least the next 23 months.**
	\$7.50*	Check	<input type="checkbox"/> I am making my first payment with a check, & I agree to have my bank account debited on the 10th day of at least the next 23 months.**
		Debit/Credit Card	<input type="checkbox"/> I agree to have my card charged immediately & on the 10th day of at least the next 23 months.**

*Discount w/support group membership **Call (888) 200-4903 to have automatic payments cancelled any time after required term of commitment has ended.

Signature(s)

• As the legal guardian for every child listed, I certify that the above information is correct and that each school-aged child is pursuing in a bona fide manner a curriculum which is designed to meet the basic educational goals of reading, spelling, grammar, math and a study of good citizenship.

• I agree to the payment circled above. (Must be signed by at least one authorized name on credit card/bank account)

_____ Date _____ Circle one: Father Mother Guardian

_____ Date _____ Circle one: Father Mother Guardian

Check/MO Visa MasterCard American Express Discover

Card # _____

exp. / _____ v-code _____
last three-digits on signature line on back of MasterCard or Visa

Mail completed application to
THSC Association
PO Box 6747, Lubbock, TX 79493
 or fax to (806) 744-4446
 or call 888-200-4903 to use Pay in Full options.

- Membership fees are non-refundable and are not tax-deductible.
- THSC Association serves all Texas home school families regardless of race, creed, or religion.
- This membership is available to residents of Texas only.
- THSC Association reserves the right to reject any membership application and will refund membership fee, sending letter of explanation if membership is denied.
- THSC Association reserves the right to revoke any membership if application information has been misrepresented. In such case, no refund of membership fee will be made.
- In the matter of custody in a family lawsuit, THSC Association will provide assistance only if home education is an issue in the suit and only on the home education aspect of the case.
- THSC Association membership covers a 12-month period and begins upon approval of application.
- THSC Association will not be responsible to represent families that refuse to follow directions and/or guidelines.