



THSC Association Membership Application

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

Primary Membership Contact Information

Circle one: Father Mother Guardian

Name: _____ **Spouse Name:** _____

I understand I will be the Primary Contact for my household.
 NOTE: The Primary Contact is the only person who can add family members to the household and register family members for THSC events.

Email: _____

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

Phone: _____ **Cell Phone:** _____

Member of [local support group]: _____ **Based in [city]:** _____

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.

Please select the appropriate membership level below.

THSC is glad to offer members of the military, full time pastors, and full time missionaries a \$20 discount on the \$120 Annual Membership by emailing a discount request to staff@thsc.org. Please include a brief summary of your service in the email.

Members of Local Support Groups that partner with THSC are eligible for a \$20 discount on their \$120 Annual Membership by entering a discount code available from their Local Support Group Leader.

Annual Membership Discount Code: _____

Payment Options:

Choose only one membership type:			
<input type="checkbox"/>	\$1000	Lifetime	Pay by Check, Money Order, Debit/Credit Card
<input type="checkbox"/>	\$120	Annual	Pay by Check, Money Order, Debit/Credit Card. If paying by debit/credit card, membership will automatically be charged annually. You may notify THSC if you wish to discontinue your membership.
<input type="checkbox"/>	\$40	Quarterly Payment Plan	Pay by Debit/Credit Card only. By choosing this option, you are agreeing to make your first payment now by debit/credit card and have your account drafted each quarter for at least 1 year. You may notify THSC after that time if you wish to discontinue your membership.

I would like to pay by Debit/Credit Card.

I would like to pay by check or money order.

Card number: _____ **Expiration date:** _____ **Security code:** _____

* Three digit code on back of card

Billing Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Terms:

- 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.
- I acknowledge that in order to home school legally in Texas, I must provide bona fide instruction with a visual curriculum that includes the basic subjects of reading, spelling, grammar, mathematics, and good citizenship for my student(s).
- 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 will not be responsible to represent families that refuse to follow directions and/or guidelines.
- By choosing Annual Membership - Quarterly Payments, I am authorizing THSC to charge the first payment of \$40 now and have my account drafted for \$40 every 3 months for three additional \$40 payments at a minimum. I am responsible to notify THSC after those four \$40 payments have processed if I wish to discontinue my membership.
- Annual Memberships are automatically drafted at the interval chosen (yearly for the Annual Payments option and every 3 months for the Quarterly Payments option).

I certify that the information I have provided is correct and that each school-aged child of whom I am legal guardian 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.

By signing this form, I agree to have my credit card charged or my bank account debited quarterly/annually in accordance to the selection I have marked in the Payment Options section above.

Name: _____ Date: _____

Use the enclosed remittance envelope to complete payment information.

Mail completed application to:

THSC Association
PO Box 6747
Lubbock, TX 79493

or fax to (806) 744-4446

Questions? Call (806) 744-4441