## Allen County Christian Home Schoolers Application Form

## Requirements for Membership:

- Completed Application Form
- Signature verifying that you have read and agree to the ACCH Statement of Faith
- Annual payment of dues: \$20.00 per family (August 1st through July 31st).
- Make checks payable to ACC Home Schoolers and mail completed forms to:

Nicci Colby ~ 510 E. Lehr Avenue ~ Ada, Ohio 45810

Membershi	Type: New Renewal Mem	bership Year: 20/	
HSLDA Member? Yes / No If yes, Membership # May we include your information in our directory? Yes			
Name of Pa	rent(s)/ Legal Guardian:		
Last Name	First Name		
Last Name	First Name		
Address:			
Home Phor	ne:	Cell Phone:	
Email:			
Church curi	rently attending:		
Chil	dren/ Child's Name	Birthdate	Homeschooled
			Yes / No
			Yes / No
			Yes / No
			Voc / No
Bow		up. Please mark any area(s) where you wou eld TripsEnrichment Day raduationFair Clean-up Fur	
By affixing m	ny signature, I agree, with the ACCH Stat	ement of Faith. (Both parents and/or legal guard	dians must sign)
Signature _			
	Father		Date
Signature _	Mother		 Date
Signatura			
Signature _	Legal Guardian(s)		Date