



1 YOUR INFORMATION:

Mr. Mrs. Miss Ms. Other title: _____

First: _____ Middle initial: _____

Last: _____

Address: _____
STREET

CITY STATE ZIP

Email address: _____

Phone number: _____

SPOUSE INFORMATION:

Mr. Mrs. Miss Ms. Other title: _____

First: _____ Middle initial: _____

Last: _____

2 PLEASE ANSWER:

Are you a U.S. citizen? Yes No

Has your family previously been a member of FHS? Yes No

If yes, provide account #: _____

Is your family facing a situation that you want FHS to help resolve? Yes No

If yes, please explain. FHS does not provide legal representation as we are not attorneys, however we help you as Advocates of Home Education in resolving the Matters. We do NOT get involved in matters involving child custody or domestic disputes between parents.

4 PLEASE SIGN:

By signing this application, we agree:

- That all the information presented on this form, to the best of our knowledge, is true and accurate.
- To exercise diligence in teaching our children in a responsible way.
- To keep records of each child's educational progress.
- To contact FHS promptly about any threatened or action regarding our homeschool.

- Memberships are not transferable.
- Membership dues are nonrefundable and non-tax-deductible.
- We have read and agree to the terms listed on page 2 of this application.

X _____ DATE: _____

5 CHOOSE METHOD OF PAYMENT (PLEASE DO NOT SEND CASH):

Visa MasterCard American Express Discover Check Money order

Card #: __ VIA PAYPAL PAYMENT ONLY IF USING A CREDIT CARD / visit: www.FloridaHomeschoolHelp.com

3 PLEASE SELECT MEMBERSHIP TYPE:

Membership Options

Annual Membership \$99

ARE YOU A:

- Full-time pastor
- Full-time missionary
- Military / first responder (police, fire, EMT)

Please mark box to acknowledge that your Membership is only good for 1yr and you must renew your membership at the end of 12 months.

Lifetime Membership \$1,000

Subtotal: \$ _____

Thank you for Joining FHS

This Form must be sent to our Office with Your Check/Money order or Transaction ID # from Paypal so that we may process your Membership. If you have any Questions? Call 786.529.6515

X _____
Sign application!

Donate to FHS Homeschool Fund* \$ _____

TOTAL: \$ _____

Send your application and payment to: Florida HomeschoolHelp 18311 NW 85th Ave Miami Lakes, Fl 33015

We accept faxed or scanned applications. Questions? Call 786.529.6515

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|-----------------|-----------|--------------------------------|-------------|---------|
| OFFICE USE ONLY | ACCOUNT # | PAYMENT TYPE, DATE, AND AMOUNT | ACCEPTED BY | GROUP # |
|-----------------|-----------|--------------------------------|-------------|---------|

TERMS OF PAYMENT FOR:

Payments can only be made by visiting our Website: www.FloridaHomeschoolHelp.com clicking on Become a Member Tab.
Payments are made via Paypal on our website using any Credit Card or Bank Information.
You can also submit a Check or Money order payable to: Florida Homeschool Help
Location: 18311 NW 85th Avenue Miami Lakes, Florida 33015



You must sign on page 1 to indicate that you have read and agree to the terms of payment.

PLEASE NOTE:

- A. Payment must be submitted with application. No refund is available
- B. Membership dues are not tax-deductible. FHSB is not an insurance
- C. Membership begins once your application is reviewed, accepted.
- D. Keep the original or a copy of any documents you send us.
- H. HSLDA reserves the right not to accept any membership application and the right to revoke membership if any information has been misrepresented. If your application cannot be approved, we will return your payment.
- J. HSLDA does not provide legal representation for members in any matters AS WE ARE NOT ATTORNEYS.
We do however provide guidance, information and services.