



CSRA HOME EDUCATION ASSOCIATION

2024-2025 Membership Application

(July 1, 2024 - June 30, 2025)

1. Family Information (please print clearly):

Last Name: _____
Father's Name: _____ Mother's Name: _____
Address: _____ Apt.: _____
City: _____ State: _____ Zip Code: _____
Phone #: (____) _____ Email: _____
Parent's Occupation: _____ Church Attending: _____
What is the primary curriculum that you are using? _____

Please provide the percentages of everyone who is providing instruction on a regular basis to your children.

% of teaching
Parent: _____
Other: _____ if other, who: _____
(percentages should total to 100%)

Please provide information for each school age child.

Children's Names <i>(please attach a separate piece of paper for additional children)</i>	Grade	** Is this child enrolled in any public school program?
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

*** If yes, please explain their involvement on a separate piece of paper.*

2. Please check the appropriate box(es) below regarding this school year:

- 1. I am beginning my homeschool experience this year.
- 2. I am new to the CSRA Home Education Association.
- 3. I am beginning my _____ year of homeschooling.

3. Are you involved in a Co-op? If so, which one(s):

4. Volunteer Service:

* Any member who refuses to serve when called, will have their membership suspended.

- 1. Monthly activity helper
(Skating, Putt-Putt, Bowling, etc.)
- 2. Help with hospitality needs
(Bring snacks to a meeting, help with set-up, etc)
- 3. Special events worker/helper
(CSRA HEA Field Trip, conference, etc.)
- 4. Help with the Spelling Bee
- 5. Help with the Robotics Club
- 6. Help with the Cyber Patriot Group
- 7. Help with Home school Information meetings
- 8. Help with the Used Book Sale
- 9. Coordinate group standardized testing opportunities
- 10. Join the HEA Board or become a Coordinator
- 11. I serve in the following CSRA HEA sponsored role:

(examples: Director, Coordinator, Academic Club Leader)

5. Payment Schedule (select one option)

- Payment received/postmarked prior to August 31, 2024 (Early Bird Discount) \$30
- Payment received/postmarked after August 31, 2024 \$65
- Directors and Coordinators during the 2023-2024 school year No fee

7. Signature and Date

- 1) I have read & agree to abide by the CSRAHEARules of Conduct (available at www.csrahea.org).
- 2) I affirm that I have read the statement of faith (available at www.csrahea.org) and understand that all association activities and governance will be conducted in accordance with and in submission to the statement of faith.
- 3) I understand the applicable volunteer service options and rules, and agree to abide by them in order to remain a member in good standing.

SIGNATURE: _____

DATE: _____

*Your application **can only** be processed if it includes your dated signature and is accompanied by your payment.*

PLEASE MAIL THE FILLED IN APPLICATION AND APPROPRIATE FEE TO:

**CSRA Home Education Association
P.O. Box 204568
Augusta GA 30917**