

CHRISTIAN HOMESCHOOLERS OF SOUTH SOUND

2010-2011 Membership Form

Please complete the information on this form and return with your check (payable to CHoSS) to:
CHoSS Membership, P.O. Box 8823, Lacey, WA 98509

Last Name _____ Husband _____ Wife _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ List us in the Membership Directory: (circle one) **yes** **no**

Children—please list names and/or birthdates as you would like them to be included in the directory. You can list birthdates in any way you choose, (i.e. 1/2/03, 1/03, 1/2, Jan 2, Jan 2003, etc), but please don't list ages. All information is optional.

Child 1: _____ BD: _____ Child 5: _____ BD: _____
Child 2: _____ BD: _____ Child 6: _____ BD: _____
Child 3: _____ BD: _____ Child 7: _____ BD: _____
Child 4: _____ BD: _____ Child 8: _____ BD: _____

Curriculum and Other Interests: (Optional)

In an effort to help CHoSS members find others with similar curriculum or extra-curricular interests, we include space in the directory for you to list your favorite curriculum or any other interests you would like to share with others. Examples might be Sonlight, Scouts, unit study, sewing, co-ops, swimming, basketball, etc. Space is limited, so please only list your favorites.

As part of your "Membership Dues," each family is asked to help out in AT LEAST one area of service during the school year. Please check ALL areas where you would be willing to help.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Craft Day | <input type="checkbox"/> CHoSS Socials | <input type="checkbox"/> International Fair | <input type="checkbox"/> Olympia Junior Programs |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Organize a Field Trip | <input type="checkbox"/> Roller Skating Event | <input type="checkbox"/> Science Fair |
| <input type="checkbox"/> Teen Dance | <input type="checkbox"/> Park Days | <input type="checkbox"/> Geography Bee | <input type="checkbox"/> Talent Show |
| <input type="checkbox"/> Service Projects | <input type="checkbox"/> Directory Help/Admin Help | <input type="checkbox"/> Curriculum Sale | <input type="checkbox"/> Making Phone Calls |
| <input type="checkbox"/> Other (please list) | | <input type="checkbox"/> Spelling Bee | <input type="checkbox"/> Serve on the Board |

I have read the CHoSS Statement of Faith (see reverse) and (choose one):

- I agree completely with it. I agree to refrain from disagreeing with it at CHoSS events.

Your selection is confidential and will be seen only by the CHoSS Board of Directors. Members in leadership positions must agree completely with the Statement of Faith.

Signature _____ Date _____

- I am requesting financial assistance for dues.

Membership Dues

New Member

- Joining between Jan. 1 & May 31 (exp. *current* Aug.) **\$20** \$ _____
 Joining after May 31 (expires *next* Aug.) **\$30** \$ _____

Current Member

- Renewing at annual meeting or before July 1 **\$25** \$ _____
 Renewing after June 30 **\$30** \$ _____

Donation for Financial Assistance (optional) \$ _____

One-line CHoSS member business ad (optional) **\$5** \$ _____

TOTAL \$ _____

One-line ad: Members Only (optional)! We will have a section for one-line business ads in the directory. Please include the information you would like to have in your ad (\$5.00 for the whole year). **Please print.** (DEADLINE 9/15).

Business Category _____

Business Name _____

Member Name _____

Location _____

Phone Number _____

E-mail Address OR URL _____

For official use only: \$ _____ paid Donation \$ _____ Check # _____ Cash \$ _____

Received by _____ Date Received: _____ Date entered: _____ Date info sent _____

Date Google requested _____ Date website requested _____ SM NL (✓ if yes)? _____ Member ID: _____