



The Education Association of Christian Homeschoolers

Membership/Donation Form

We value your participation and support. To make a donation or register for TEACH membership, please complete the information requested below.

Name: _____
LAST FIRST

Spouse: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ E-mail: _____

<i>Thank you for supporting TEACH-CT!</i>		Amount
<input type="checkbox"/> TEACH-CT Membership (\$20 per year) <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member		
<input type="checkbox"/> Donation		
<i>Please make checks payable to TEACH-CT</i>	TOTAL	\$

Are you currently Homeschooling? Yes No

If no, are you considering Homeschooling? _____

Are you a member of HSLDA? Yes No

Are you a member of a local Support Group or Co-op? Yes No

If yes, support group name: _____

May we send your membership card by e-mail? Yes No, please send it by mail.

Any additional Comments or Feedback? _____

Thank you for partnering with us financially. Please mail this form and your check to:

TEACH-CT Membership
 177 Bascom Rd
 Lebanon, CT 06249