

# Mason-Dixon Homeschoolers Association

## 2007-2008 NEW Member Form

For Office Use Only	
<input type="checkbox"/> Code Check	
<input type="checkbox"/> Data Base	
<input type="checkbox"/> List Site	
<input type="checkbox"/> Mail Ordered Items	
<input type="checkbox"/> New Member Packet	
<input type="checkbox"/> Mail NL and Directory (DY)	
<input type="checkbox"/> Mail Member Card/Sticker	
PA House _____	
PA Senate _____	
U.S. House _____	

Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Special Abilities or Talents: \_\_\_\_\_

Children's Names	Birth Yr	Sex	Children's Names	Birth Yr	Sex	Children's Names	Birth Yr	Sex

MDHSA ASKS THAT YOU READ OVER the excerpts from our Articles of Incorporation and our By-Laws to be sure you understand the purpose and doctrinal stand that we take. If you are in full agreement with what is stated, then you are entitled to full membership. If you cannot fully affirm these statements, you will be granted an Associate Membership with all the rights and privileges thereof. If you have a question about signing this form or are unsure if your religious affiliation is in agreement with the MDHSA doctrinal statement, please contact the MDHSA administrator for confidential assistance. Please check the type of membership which applies to you.

Full                       Associate

\_\_\_\_\_ Father's Signature
Mother's Signature
 \_\_\_\_\_

MDHSA membership runs from July 1 through June 30 each year. To maintain membership, this form must be filled out and returned with the appropriate fees to the MDHSA office by June 30. The new membership list will be distributed in September. MDHSA members will not be required to pay the \$10 new member assessment fee if they renew their membership within a period of three years. They should contact the MDHSA office for a Renewal form. If any members allow their membership to lapse for a period of three years, then they will be required to fill out a new member form and pay the new member assessment fee.

### For Further Information

**MDHSA YAHOO ANNOUNCEMENT GROUP RECEIVES NOTICES ABOUT ACTIVITIES, LEGISLATIVE UPDATES AND PRAYER REQUESTS.** To join visit: <http://groups.yahoo.com/group/MdhsaAnnouncements/>

**MDHSA ONLINE DISCUSSION GROUP:** To join visit: <http://groups.yahoo.com/group/MdhsaDiscussionGroup/>

**MDHSA NEWSLETTER:** All MDHSA members will receive the MDHSA newsletter which is published monthly from August - December and February - June. All newsletter submissions must be received by the 25th of each month.

**SOUTH CO-OP SCHOOL INFORMATION** (students through 8th grade) Tonya Smith - [atsmithx4@comcast.net](mailto:atsmithx4@comcast.net) or 717-762-2895

**NORTH CO-OP SCHOOL INFORMATION** (students through 12th grade) Ruth Ebersole [jebersol@pngusa.net](mailto:jebersol@pngusa.net) or 352-4007

**ALPS INFORMATION** (students 7th-12th grade): Kim Travis—[ktravis476@aol.com](mailto:ktravis476@aol.com) or 717-375-2662

### Newsletter by E-Mail

MDHSA is now offering the option to receive your newsletter by e-mail. Your newsletter will be sent in PDF format around the 1st of every month. In August (w/directory and resource center information) and May (w/renewal form) you will receive a paper copy of your newsletter. If you choose to receive your newsletter by e-mail, you will receive a \$5 discount (not available to pro-rated members) on your membership.

**Would you like to receive your newsletter by e-mail?**

Yes                       No

### MDHSA Fees

Annual Membership Dues	\$40.00	\$	
Pro-rated Member Dues	\$20.00	\$	
after Jan 1, 2008			
New Member Assessment Fee	\$10.00	\$	10.00
\$5 Credit for E-Mailed Newsletter	-\$5.00	\$	
**For full year membership only			
MDHSA Law Guide (Shipping for Members)	\$1.00	\$	
(\$6.00 for non-Members)	\$6.00	\$	
Check # _____	Total Enclosed \$ _____		

### Make Check payable to MDHSA and mail with this form to:

Mason-Dixon Homeschoolers Association, ATTN: Membership, 32 West Main Street #5, Waynesboro, PA 17268

If you would like confirmation that this form and fee have been received, please enclose a self-addressed stamped postcard with the words "MDHSA membership form received" on the back and it will be mailed to you upon receipt.

**MDHSA does not discriminate against families based on race, color, national origin, or ethnic origin.**

MDHSA has many helpful booklets that may be purchased. For a full listing and ordering information, look for the Product Pricing and Ordering Form for "Non-Members" and "New or Existing Members."