



Application 2009-2010

1. **Mark appropriate box at right:** New Renewing **Info Changed?** Yes No

*If renewing, and your information has changed, mark "Yes" and fill out only the information that has changed.
If renewing and none of your information has changed, mark "No" and fill out only your first and last name.*

2. **Choose a Support Group**

- a. Read the current Support Group Descriptions listed on the LCHC website, www.longmont-chc.org.
- b. If you are looking to join a support group already participating in the Co-op, for which you are not a member yet, call the group's contact person to get current group information (**DO NOT** rely solely on the information on Support Group list, as things change), and ask if they are taking new members. It is suggested you attend a group activity, if possible, before making your decision.
- c. Inform the group's contact person of your decision to join their group.
- d. If you have not yet made your decision, you *may* send in the application with "Undecided" in the space for "Name of Support Group," and let us know as soon as you decide on your support group (within 90 days).

Name of Support Group: _____

3. **Determine Membership Fee**

- \$ 15.00 Member (includes hard copy Co-op Newsletter and using Co-op group e-mail list)
- \$ 8.00 Member (includes e-mailed Co-op Newsletter and using Co-op group e-mail list)
- \$ 5.00 Fee for advertising family business in newsletter (assessed per business; homeschooled child's business free)
- \$ _____ Extra to help support the Longmont Christian Homeschool Co-op (to be used to pay fees for advertising, updating, web hosting, those unable to afford the Co-op membership fee, copies and postage to send information to new homeschoolers, etc.)
- _____ We wish to be members, but cannot afford the fee.

4. **Make Check Payable to:** Longmont Christian Homeschool Co-op

5. **Send Completed Application and Fee to:**

Longmont Christian Homeschool Co-op
PO Box 6674
Longmont, CO 80501
ATTN: Application Processor

6. **Additional Information:**

Are you a member of HSLDA? Yes No **If yes, please list your member account #** _____

We are hoping to help our members qualify for a group discount with HSLDA.

Do you already receive a discount through another group? Yes No

Family Information

Father: Last _____ First _____

Mother: Last _____ First _____

Guardian: Last _____ First _____

Address: _____ Apt. _____

City: _____ State _____ Zip _____ - _____

Phone: Home _____ E-mail (Not for Co-op E-mail List) _____

Cell _____ E-mail (For Co-op E-mail List) _____

Note: *If no e-mail is in the above blank, you will not be added to the Co-op e-mail list.*

Children *(if more spaces are needed, attach additional sheet)*

<u>Last</u>	<u>First</u>	<u>Date of Birth</u>	<u>Grade in</u> <u>2009-10</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information for Business Directory — *complete this section if you wish to be included. If you have more than one business, attach additional sheet. See assessed amount under "Membership Fee" above.*

Business Name: _____

Business Owner: _____ Child _____ Adult _____

Address: _____ City: _____

Phone: _____ E-mail: _____

Brief description of business service: _____

Mentor Program

(for persons new to the area or to homeschooling who would like an experienced homeschooler to contact them regularly for a few months)

_____ I would like to **have** a mentor

_____ I would like to **be** a mentor