



Family Membership Form

Home Educators' Resource Center
 6501 Schirra Court, Suite 400
 Bakersfield, CA 93313
herc411@hotmail.com
www.hercbakersfield.org

Application Date: _____

Please complete this form and submit it along with the **\$100.00 membership fee** (August to August) and bring it to Class Registration Day or to the HERC office. If this is a **Renewal** of your Membership, simply pay your fee and you will receive a new Membership Card and your on-file application will be updated. If you have any questions you may contact HERC via e-mail (see above).

Family Last Name (please state if child's last name is different): _____

His First Name: _____ Work Phone: _____ Cell: _____

Her First Name: _____ Home Phone: _____ Cell: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Email Address(es): _____

Other Memberships: HSLDA CHEA School Name: _____

Church Home: _____

Please list any languages spoken other than English: Students: _____

Father: _____ Mother: _____

Please list all children in your family (*Please indicate graduated, preschool or infant under grade level):

	Last Name	First Name	Middle Name	Date of Birth	*Grade Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Renewal Dates:					