



# Family Membership Form

**Home Educators' Resource Center**  
 6501 Schirra Court, Suite 204  
 Bakersfield, CA 93313  
[herc411@hotmail.com](mailto:herc411@hotmail.com)  
[www.hercbakersfield.org](http://www.hercbakersfield.org)

Application Date: \_\_\_\_\_

Please complete this form and submit it along with the **\$75.00 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					
<b>Renewal Dates:</b>					