

Membership Form

SCOPE membership unites you with private independent home educating families across the greater Sacramento area. Gain Access to www.scopehome.org for encouraging articles, communication tools to connect with a SCOPE Chat group in your neighborhood, details on upcoming activities, events and field trips.

SCOPE Supports Private, Independent Home Educating Families: Families (or business owners) under the jurisdiction of the public school system in the educating of any of their children at home, whether through a public school home study, charter school home study, public Independent Study Program or any other government program are not eligible.

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Please check the correct boxes: ☐ New Member ☐ Renewal	Cost: \$35 for one year (September 1-August 31)
Are you active in a Chat Group? \Box Yes \Box No Name of Chat	Group:
Husband/Wife (First & Last Names):	
Address:	State: Zip :
Phone (required, include area code): Er	
All personal information is kept confidential and used only for SCOP. Please indicate membership category:	
☐ Educator:single family private school ☐ Educator:Private S	School Satellite Program (PSP) HomeSchool Alumni
 (Provides support for SCOPE members in need) By signing this application, we agree that: ✓ We are private, independent home educators, business own changes, we agree to immediately notify SCOPE, and unders of the membership fee. ✓ We have read, understand and agree with SCOPE's stateme and decisions are based in accordance with the Bible. The fundamental ways. Scopehome.org/statement faith ✓ We permit SCOPE (Sacramento Christian Organization of Papictures, recordings or any other records taken while I or my 	rent Educators) to use any photographs, video tapes, motion children are engaged in any activity or event sponsored,
promoted, or organized by SCOPE including publicity, advert	
Signature:	Date:
SCOPE recommends that you belong to the Home School Legal De discount on HSLDA membership using SCOPE code #293234. Cor	
New and renewal memberships must complete this form, signed and dated. Payment must be received in	Please make checks payable to SCOPE and mail to:
order to maintain membership and access to SCOPE website. No prorated or partial payments accepted.	1911 Douglas Blvd. Suite 85-245 Roseville, CA 95661
p. s. atea e. partiai paymonte accopica.	www.scopehome.org

____Cash or Check #__

For Administration Use: Date_____Amount \$____

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