



Application for Membership

Number of memberships: _____ (one vote per member, min. 1 per family. **Annual Fee*** per member CHF 50.–)

Name (Last, First) Adult: _____

Name (Last, First) Adult: _____

| Name of Child | Birthdate | HE?* | Name of Child | Birthdate | HE? |
|---------------|-----------|------|---------------|-----------|-----|
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*HE = Home Educated

Address/Town: _____

Telephone/E-Mail: _____

Please make a few comments about your family and yourself. Your comments are optional and can include the reasons you teach your children at home, how long you have taught them, your choice of learning materials, your education level, your family language and / or your experience with the school authorities.

Town, Date: _____

Signature: _____

Acceptance as a member of the Home School Association of Switzerland, "Bildung zu Hause Schweiz," will be confirmed in writing by the board. ***After receiving your confirmation, please pay the membership fee. First time members, please pay for the first 2 years in advance, then yearly after that.** After receipt of your payment, you will receive news and further information for members. If your membership fee is not paid during the year, your membership will end automatically. (Association statutes Pt. 4).

If are interested in supporting the organization with your time, please contact us: info@homeschool.ch

Send this form by E-Mail to: info@homeschool.ch. or by Regular Post to: Bildung zu Hause Schweiz, Sekretariat, CH-3000 Bern
Swiss Post bank account number: PC 87-187768-8