



Chapter Membership Renewal

Chapter Leader's Name: _____
First Surname

Name of Chapter: _____
Support Group Private School

Address: _____
(Where to mail newsletters)

City: _____ Province: _____ PC: _____
County or Region: _____

Home Phone: _____ Alt. Contact: _____
 Work Phone: _____ Alt. Phone: _____
 Fax: _____ Alt. Fax: _____
 Email Address: _____ Alt. Email: _____

*Note 1: the alternate contact information is for the OCHEC phone/fax/email chain should the main contact not be available.
 Note 2: if the main contacts do not have fax or email, please find a member of your group that does and give it.*

Email List: Is your chapter interested in receiving emails forwarded to OCHEC on: education, family, politics? ____
Newsletter Preference: Hardcopy: _____ Email: (Adobe PDF) _____
Newslet: # of hardcopies ____ or by email only: _____ No Thank-you: _____
Your Website if your chapter would like it included on our links page: _____

Number of home educating families in group _____
Number of home educated children younger than 6 _____
Number of home educated children ages 6 – 13 _____
Number of home educated children ages 14 – 16 _____
Number of home educated children older than 16 _____
Number of years chapter has been in existence _____
Is chapter accepting new members? _____

**This chapter affirms its
 commitment to OCHEC's
 Constitution**

Chapter Representative's Signature

Our newsletter publishes annually a list of chapters with addresses and phone numbers. Also, HSLDA would like to give this information to their new members. Please print the contact address you wish to use along with an indication that we have permission to use this information.

Name: _____ Address: _____
 City: _____ Prov: _____ PC: _____ Permission: Newsletter (yes/no) HSLDA (yes/no)

Membership Renewals are due November 15th. ** Please add a \$20.00 late fee if after November 15th.

The cost of a Chapter Membership is \$4.00 per family, with a minimum fee of \$15 per year.

Chapters receive 1 newsletter for every 5 families and 1 newslet for each family. Any chapter member may attend and participate at the annual meetings. Each chapter can have one member present with voting privilege, with an extra vote for each 20 members.

Please mail the completed form and payment to:
OCHEC, 144148 Hawkins Rd, RR#3, Tillsonburg, ON N4G 4G8

Office Use Only

Area: _____
 Date: _____
 Payment Received _____
 OCHEC # _____