



# ACCS: Affiliate Homeschool Membership Application

**Incomplete applications will not be considered.**

## I. Directory Information

Name of family head: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(city, state, and zip)

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Do you want this information to appear on our website?      Y     N

## II. Program Information

Please describe how you conform to the curriculum of the Trivium.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***The signature of the individual below affirms that the signatory is an authorized agent of the family, that the family understands the conditions of membership in ACCS and subscribes to the ACCS Confession of Faith, is in basic agreement with the vision for education set forth in the ACCS Mission Statement, and hereby applies for membership.***

\_\_\_\_\_  
(signature of authorized agent)      Date: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_  
(please print)

Email or phone number of Authorized Agent: \_\_\_\_\_

Submit application with dues payment to:  
ACCS, PO Box 9741, Moscow, ID 83843 or FAX (208) 882-9097.  
Questions? Call (208) 882-6101 or email [info@accsedu.org](mailto:info@accsedu.org).

### Office Use Only

- |                                     |   |                                      |                                      |
|-------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Web Alpha      | <input type="checkbox"/> Certificate | <input type="checkbox"/> Approved    |
| <input type="checkbox"/> Database   | <input type="checkbox"/> New Mbr Notify | <input type="checkbox"/> Congrats    | <input type="checkbox"/> Map         |
| <input type="checkbox"/> Web Member | <input type="checkbox"/> Email/Group    | <input type="checkbox"/> Copied      | <input type="checkbox"/> File Update |

