

HSLDA MEMBER DISCOUNT APPLICATION

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE NUMBER: FAX NUMBER:

CONTACT PERSON: TITLE:

E-MAIL ADDRESS: WEB SITE:

PRODUCT OR SERVICE OFFERED: REGULAR RETAIL PRICE:

PERCENT OF DISCOUNT: % NUMBER OF YEARS IN BUSINESS:

IS THIS DISCOUNT CURRENTLY OFFERED ANY OTHER PLACE: Yes No

IF SO, WHERE:

HAVE YOU OFFERED DISCOUNTS WITH OTHER ORGANIZATIONS IN THE PAST? Yes No

PLEASE PROVIDE US WITH SOME OF THE FEEDBACK YOU RECEIVED ON THAT DISCOUNT:

GROSS SALES FOR THIS PRODUCT IN THE LAST YEAR: **Under \$25,000**

ARE YOU WILLING TO SHARE PROFITS WITH THE HOME SCHOOL FOUNDATION? Yes No

IF SO, WHAT % OF SALES WOULD BE DONATED:

For more information about the Home School Foundation, please visit www.homeschoolfoundation.org.

IF THERE IS ANY OTHER INFORMATION THAT YOU FEEL WOULD BE BENEFICIAL TO US IN
CONSIDERING YOUR APPLICATION, PLEASE PROVIDE IT HERE:

Please e-mail this completed form to memberdiscounts@hsllda.org. If you have any questions, please contact Elissa Knizewski, (540) 338-5600.