

2018 - 2019

ASSOCIATE / AFFILIATE MEMBERSHIP

Membership Term is July 1st - June 30th



Organization Name _____ Organization Acronym _____

Organization Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Web Site _____

E-mail _____

Please include the program's director (required), administrative contact, or any other pertinent contact below.

1) Name _____ 2) Name _____

Professional Title _____ Professional Title _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Membership Type

Associate Membership

- Non Profit.....\$265
- University, College, Research Group.....\$270
- Corporate.....\$630

Affiliate Membership

- Under 10,000 HS/EHS enrollment.....\$210
- 10,000 - 35,000 HS/EHS enrollment.....\$315
- Over 35,000 HS/EHS enrollment.....\$420
- Head Start State Collaboration Office.....\$150

NHSA Donations

- Dollar Per Child/Advocacy Fund ... \$
- Scholarship and Awards \$
- Disaster Relief \$
- General fund \$
- Other \$

Total Due \$ _____

Payment Information

To pay by credit card online, go to www.nhsa.org/membership or mail membership payment to:
National Head Start Association (NHSA), Dept. #1 Membership, PO Box 829929, Philadelphia, PA 19182-9929

Amount Enclosed \$ _____ **Check** # _____

Membership Term is July 1 - June 30

Any membership dues processed in mid-cycle will only receive the remaining months left in the term

Questions?

Contact us at membership@nhsa.org, or call (703) 739-0875 and ask for members services.