

2018 - 2019 INDIVIDUAL MEMBERSHIP

Membership Term is July 1st - June 30th



NATIONAL HEAD START ASSOCIATION

1. Name _____

2. Professional Title _____

3. Head Start Program _____

4. Home Street Address _____

City _____ State _____ Zip Code _____

5. Work Phone _____ Home Phone _____

E-mail _____

6. How did you hear about NHSA membership? _____

Individual Membership Type

Head Start Staff..... \$50

Friend of Head Start..... \$55

Academic..... \$85

Parent*..... \$5

Head Start Alumni..... \$10

Former Parent Former Student

Name of Program previously enrolled:

Student*..... \$25

Name of College/University where enrolled:

Student ID#: _____

NHSA Donations

Dollar Per Child/Advocacy Fund ... \$ _____

Scholarship and Awards \$ _____

Disaster Relief \$ _____

General fund \$ _____

Other \$ _____

Total Due..... \$ _____

*Head Start staff are ineligible for Student Membership and Parent Membership.

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** # _____

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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.