

2018 - 2019 PROGRAM MEMBERSHIP

Membership Term is July 1st - June 30th



Program Name _____ Program Acronym _____

OHS Grant Number (if applicable) _____ HS Program ID _____ EHS Program ID _____

Program 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 _____

Program Membership Type

Under \$1 Million.....	\$420
\$1-\$3 Million.....	\$840
\$3-\$6 Million.....	\$1,260
\$6-\$10 Million.....	\$2,100
\$10-\$15 Million.....	\$2,625
\$15-\$25 Million.....	\$3,150
\$25-\$40 Million.....	\$3,675
\$40-\$60 Million.....	\$4,200
Over \$60 Million.....	\$4,725

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.