

**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:
NHSA, Attn: Membership, P.O. Box 759400, Baltimore, MD 21275-9400

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 member services.