



MEMBERSHIP TERM IS JULY 1<sup>ST</sup> - JUNE 30<sup>TH</sup>

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.....\$265
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.....\$250

NHSA Donations

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

TOTAL DUE.....\$ \_\_\_\_\_

Payment Information

Total Amount Enclosed \$ \_\_\_\_\_
Check # \_\_\_\_\_

Please mail membership payment to:

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

To pay by credit card online, go to:
www.nhsa.org/membership

MEMBERSHIP TERM IS JULY 1- JUNE 30.

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

QUESTIONS?

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

