



Associate/Affiliate Membership 2021 – 2022

Organization Name _____ Org. Acronym _____
 Org. 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 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.



Membership Type

Associate Membership

Early Head Start-CCP	\$270
Non Profit.....	\$265
University, College, Research Group..	\$270
Corporate.....	\$630

Affiliate Membership

Under 10,000 HS/EHS enrollment.....	\$400
10,000 - 35,000 HS/EHS enrollment...	\$500
Over 35,000 HS/EHS enrollment.....	\$600
Head Start State Collaboration Office	\$170

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 go.nhso.org/membership or mail membership payment to:

National Head Start Association (NHSA), Dept. #1 Membership, PO Box 829929, Philadelphia, PA 19182

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