



NCHSA INDIVIDUAL MEMBERSHIP APPLICATION
For membership period: August, 2009-July, 2010



NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

NAME OF LOCAL HEAD START PROGRAM: _____

TYPE OF MEMBERSHIP:

Check
One: Listserv Enrollment* (check all that apply):

Head Start Parent	\$ 5.00	<input type="checkbox"/> Parents
Friend of Head Start	\$10.00	<input type="checkbox"/> Friends
Head Start Staff	\$10.00	<input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Mental Health/Disabilities <input type="checkbox"/> Child Development <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family/Community Partnerships <input type="checkbox"/> Transportation <input type="checkbox"/> Administrative Support
Student	\$10.00	<input type="checkbox"/> Friends
Head Start Director	\$20.00	<input type="checkbox"/> Directors <input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Mental Health/Disabilities <input type="checkbox"/> Child Development <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family/Community Partnerships <input type="checkbox"/> Transportation <input type="checkbox"/> Administrative Support
Agency Executive	\$25.00	<input type="checkbox"/> Executive Directors <input type="checkbox"/> Directors <input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Mental Health/Disabilities <input type="checkbox"/> Child Development <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family/Community Partnerships <input type="checkbox"/> Transportation <input type="checkbox"/> Administrative Support
Lifetime	\$100.00	<input type="checkbox"/> Friends

*All members are automatically added to the General NCHSA Distribution List. To opt out, please check here:

NOTE: Head Start Programs submitting multiple individual memberships are only required to send in a LIST of individual members with the Individual Membership Drive Summary Form.

Make Checks payable to: North Carolina Head Start Association

Mail check and completed form to:

Mrs. Mary A. Campbell, NCHSA Membership Committee Chairperson
c/o ECCCM Head Start
PO Box 1435
Newton, NC 28658