



## NCHSA GROUP INDIVIDUAL MEMBERSHIP DRIVE SUMMARY

*For membership period: August 2009-July 2010*

Head Start Program Name: \_\_\_\_\_

*A list of individual member names MUST be submitted with this form.*

<b>Membership Type</b>	<b>Cost</b>	<b>Number of Memberships by Type</b>	<b>Amount Enclosed by Membership Type</b>
Head Start Parent	\$ 5.00		\$
Friend of Head Start	\$10.00		\$
Head Start Staff	\$10.00		\$
Student	\$10.00		\$
Head Start Director	\$20.00		\$
Agency Executive	\$25.00		\$
Lifetime	\$100.00		\$
<b>Total Number of Memberships:</b>			
<b>Total Amount Enclosed:</b>			<b>\$</b>

**Make Checks payable to:** North Carolina Head Start Association

**Mail check and completed forms to:**

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