



NCHSA INDIVIDUAL MEMBERSHIP DRIVE GROUP SUMMARY



For membership period: August 2010 - July 2011

Head Start Program Name: _____

Membership Type	Cost	Number of Memberships by Type	Amount Enclosed by Membership Type
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		\$
Total Number of Memberships:			
Total Amount Enclosed:			\$

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

Please make Checks payable to: **North Carolina Head Start Association**

Mail check and completed form to:

**NCHSA – Individual Memberships
PO Box 4534
Asheboro, NC 27204**

*Thank you for supporting **Head Start** in North Carolina!*