



NCHSA INDIVIDUAL MEMBERSHIP APPLICATION
For membership period: June 1, 2008-May 31, 2009



NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

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 Listserv. To opt out of this listserv, please check here:

For Programs sending multiple individual memberships, please **ALSO** complete and return the Individual Membership Drive Summary Form.

Make Checks payable to: North Carolina Head Start Association
We appreciate one check per program for individual memberships, if possible! Thank you!

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*