



NCHSA GROUP INDIVIDUAL MEMBERSHIP DRIVE SUMMARY

For membership period: June 1, 2008-May 31, 2009

Head Start Program Name: _____

Copies of Individual Membership Applications MUST be submitted with this form.

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:			\$

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*