



NCHSA INDIVIDUAL MEMBERSHIP APPLICATION
For membership period: September 1, 2018 – August 31, 2019



NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

PERSONAL EMAIL ADDRESS: _____

NAME OF HEAD START PROGRAM: _____
(Grantee Name)

TYPE OF MEMBERSHIP:

Check One:

- | | | |
|--------------------------|----------------------------------|-----------------|
| <input type="checkbox"/> | Current Head Start Parent | \$ 5.00 |
| <input type="checkbox"/> | Friend of Head Start | \$ 10.00 |
| <input type="checkbox"/> | Current Head Start Staff | \$ 10.00 |
| <input type="checkbox"/> | Student | \$ 10.00 |
| <input type="checkbox"/> | Head Start Director | \$ 20.00 |
| <input type="checkbox"/> | Agency Executive | \$ 25.00 |
| <input type="checkbox"/> | Lifetime Membership | \$100.00 |

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:
NCHSA – Individual Memberships
Christy Jones
105 Kenn Myer Drive
Thomasville, NC 27360

Thank you for supporting Head Start in North Carolina