



2018-2019 PROGRAM MEMBERSHIP APPLICATION

Please complete in FULL and return with dues

PROGRAM NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ **FAX:** _____

WEBSITE: _____

PROGRAM DIRECTOR: _____ **EMAIL:** _____

EXECUTIVE DIRECTOR: _____ **EMAIL:** _____

MANAGEMENT/CONTENT AREA STAFF CONTACTS:

NAME	POSTION	EMAIL

To add additional managers, please attach pages as needed.

SITE INFORMATION: Please compete fully

COUNTY	CITY	SITE NAME	SITE ADDRESS

To add additional sites, please attach additional pages as needed.

Funded Enrollment	Program Membership Dues
0-200	\$400
201-400	\$500
401-600	\$600
601-800	\$800
801-1000	\$1000
1001+	\$1200

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

Please return all forms and checks to:

Christy Jones

NCHSA Program Membership

105 Kenn Myer Dr

Thomasville, NC 27360