



Associate/Affiliate Membership 2024 – 2025

Organization Name _____ Org. Acronym (if applicable) _____

Org. Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Web Site _____

Org. e-mail _____

Please include the program’s director (required), administrative contact, or any other pertinent contact below.

1) Name _____	2) Name _____
Professional Title _____	Professional Title _____
Phone _____	Phone _____
Org. e-mail _____	Org. e-mail _____

Membership Term is July 1, 2024 - June 30, 2025

Any membership dues processed in mid-cycle will only receive the remaining months left in the term.

Questions?

Contact us at membership@nhsa.org, or call (703) 739-0875 and ask for members services.



Membership Type

Associate Membership

Early Head Start-CCP	\$305
Non Profit.....	\$315
University, College, Research Group.....	\$340
Corporate.....	\$790

Affiliate Membership

State association under 10,000 HS/EHS enrollment.....	\$440
State association 10,000 - 35,000 HS/EHS enrollment.	\$560
State association over 35,000 HS/EHS enrollment.....	\$690
Head Start State Collaboration Office.....	\$190
Under 10,000 HS/EHS enrollment + Collaboration Office.	\$625
10,000 HS/EHS enrollment + Collaboration Office.....	\$735
Over 35,000 HS/EHS enrollment + Collaboration Office.	\$865
Regional Dues and Assessment	\$700

NHSA Donations

Dollar per Child/Advocacy Fund \$	_____
Scholarship & Awards General Fund \$	_____
Ron Herndon Parent Scholarship \$	_____
Vanessa Rich Leadership Award \$	_____
Aubrey Puckett Memorial Award \$	_____
Disaster Relief	\$ _____
General fund	\$ _____
Other	\$ _____

Total Due \$ _____



Payment Information

To pay by credit card online, go to go.nhsa.org/membership or mail membership payment to:

National Head Start Association (NHSA), Dept. #1 Membership, PO Box 829929, Philadelphia, PA 19182

Amount Enclosed \$ _____ **Check #** _____