



Individual Membership 2024 – 2025

1. Name _____
2. Professional Title _____
3. Head Start Program _____
4. Home Street Address _____
- City _____ State _____ Zip Code _____
5. Work Phone _____ Home Phone _____
- Work e-mail _____
6. How did you hear about NHSA membership? _____

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

- NEW!** Lifetime membership \$500
- Head Start Staff..... \$65
- Friend of Head Start..... \$75
- Academic..... \$107
- Parent*..... \$12
- Head Start Alumnae..... \$22

Name of program the former student previously enrolled:

Student*..... \$33

Name of College/University where enrolled:

Student ID#: _____

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 \$ _____

*Head Start staff are ineligible for Student Membership and Parent Membership.



Payment Information

To pay by credit card online, go to 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 # _____