



Program Membership 2024 – 2025

Program Name _____ Program Acronym _____

OHS Grant Number (if applicable) _____ HS Program ID _____ EHS Program ID _____

Program Street Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Web Site _____

Program 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 _____
Program e-mail _____	Program 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 member services.



Membership Type

Under \$1 Million.....	\$505
\$1-\$3 Million.....	\$1,000
\$3-\$6 Million.....	\$1,530
\$6-\$10 Million.....	\$2,595
\$10-\$15 Million.....	\$3,320
\$15-\$25 Million.....	\$3,980
\$25-\$40 Million.....	\$4,645
\$40-\$60 Million.....	\$5,300
Over \$60 Million.....	\$5,970

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 #** _____