



“Unite * Speak * Represent * Advocate”

2010 MEMBERSHIP FORM
 JANUARY 1, 2010 – DECEMBER 31, 2010

COMPLETE ONE FORM FOR EACH APPLICANT. THIS APPLICATION AND APPLICABLE PAYMENT MUST BE RECEIVED BY AUGUST 1 OF THE CURRENT YEAR TO BE ELIGIBLE TO VOTE IN ELECTIONS. ALL MEMBERSHIPS BECOME EFFECTIVE AT THE BEGINNING OF THE MONTH SUBSEQUENT TO RECEIPT OF PAYMENT.

COMPLETE ENTIRE FORM. PLEASE TYPE OR PRINT LEGIBLY:

Name: _____ Control Membership # (if known) _____

Current Home Address: _____

City: _____ State: _____ Zip: _____
(Must be included)

Current Mailing Address: _____

City: _____ State: _____ Zip: _____
(Must be included)

Please check if this is a new mailing address.

Work Phone: _____
(Area Code)

Home Phone: _____
(Area Code)

Fax No. : _____
(Area Code)

Cell Phone: _____
(Area Code)

Email: _____
(Must be included. Membership cards will be sent by email.)

Title/Job Position (If employed by Head Start or Early Head Start): _____

Grantee/Agency: _____

Members Signature: _____ Date: _____
(Form must be signed to be valid) (Date must be included to be valid)

Please complete all appropriate boxes when renewing membership.

Membership Class	Dues Amount	Cash - √ if enclosing cash	Check # or Money Order #	Date of Check or Money Order	Total Amount Enclosed
Head Start Director	\$75.00				
Head Start Staff	\$25.00				
Head Start Parent (<u>not employed by Head Start</u>)	\$5.00				
Head Start Former Parent (<u>not employed by Head Start</u>)	\$5.00				
Head Start Friend/Other	\$75.00				

Make checks or money order payable to:

TEXAS HEAD START ASSOCIATION
 320 Teakwood Drive
 Victoria, TX 77901-4746
 (361)489-3050

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING OF MEMBERSHIP CARD.

If you move or have a name change, please notify THSA immediately to ensure that you receive your THSA correspondence. A **\$32** fee will be charged for all returned checks. All overpayments will be considered a donation to THSA. (Absolutely no refunds!) Memberships are not valid until appropriate payment has been received and has cleared the bank. Request for a duplicate THSA membership card will result in an additional \$5 service charge.

For office use only:

Date Received: _____ Report No.: _____

Date Deposited: _____ Card Sent: _____