



TEXAS HEAD START ASSOCIATION, INC.



*“Unite * Speak * Represent * Advocate”*

2012 THSA AGENCY DUES FORM

January 1, 2012 – December 31, 2012

PLEASE COMPLETE AND RETURN WITH PAYMENT:

NAME OF AGENCY: _____

HEAD START DIRECTOR: _____

PLEASE CHECK ONE: Grantee Delegate Agency

ADDRESS: _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS (If Different from Above): _____

CITY, STATE, ZIP CODE _____

TELEPHONE NO.: _____ FAX NO.: _____ CELL NO.: _____

EMAIL: _____

PLEASE PRINT LEGIBLY.

WEB SITE ADDRESS: _____

NUMBER OF CHILDREN SERVED: HEAD START: _____ EARLY HEAD START: _____

Agency Dues are based on the number of Head Start and/or Early Head Start Children served)

NUMBER OF CHILDREN SERVED	ANNUAL DUES	PLEASE CHECK ONE
1,000 – 5,999	\$600.00	<input type="checkbox"/>
600 - 999	\$450.00	<input type="checkbox"/>
200 - 599	\$350.00	<input type="checkbox"/>
80 – 199	\$250.00	<input type="checkbox"/>
15 - 79	\$150.00	<input type="checkbox"/>

Make checks or money order payable to:

TEXAS HEAD START ASSOCIATION
7819 Secretariat Lane
Houston, Texas 77071

FOR OFFICE USE ONLY:

Date Received: _____ Card Sent: _____

Deposit Date: _____ Report #: _____