



TEXAS HEAD START ASSOCIATION, INC.



*“Unite \* Speak \* Represent \* Advocate”*

**2012 THSA MEMBERSHIP FORM**

January 1, 2012 – December 31, 2012

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.

PLEASE TYPE OR PRINT LEGIBLY. Form must be completely filled out, signed and dated.

NAME \_\_\_\_\_ Membership # (if known) \_\_\_\_\_

CURRENT HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

*PLEASE PRINT LEGIBLY. YOUR MEMBERSHIP CARD WILL BE SENT BY EMAIL.*

TITLE/POSITION (If employed by Head Start or Early Head Start) \_\_\_\_\_

GRANTEE/AGENCY \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Application is valid only when there is a signature and a date the application was signed.*

MEMBERSHIP CLASS	DUES AMOUNT	CHECK OR MONEY ORDER NUMBER	DATE OF CHECK OR MONEY ORDER	TOTAL AMOUNT ENCLOSED
HEAD START DIRECTOR	\$75			
HEAD START STAFF	\$25			
HEAD START PARENT (not employed by Head Start)	\$5			
HEAD START FORMER PARENT (not employed by Head Start)	\$5			
HEAD START FRIEND	\$75			

Make checks or money order payable to:

TEXAS HEAD START ASSOCIATION  
7819 Secretariat Lane  
Houston, Texas 77071

**ALLOW 4-6 WEEKS FOR RECEIPT 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.

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Card Sent: \_\_\_\_\_

Deposit Date: \_\_\_\_\_ Report #: \_\_\_\_\_