

New York State Head Start Association
Membership Invoice 2023



Name: _____

Program: _____

Address: _____

Phone Fax: _____

****E-Mail: _____

Please send your email for our list serve

Program Membership entitles membership for Head Start Directors, staff, parents, and friends of Head Start from your agency.

Dues for Program Membership are assessed by your grant funding level

- Up to \$1 million \$200.00 _____
- \$1 to \$2 million \$400.00 _____
- \$2 to \$5 million \$800.00 _____
- Over \$5 million \$1500.00 _____

Individual Memberships are also available

- Director \$200.00 _____
- Staff, Parents, Friends \$200.00 _____

Please remit to:

New York State Head Start Association
230 Washington Avenue Extension
Albany, New York 12203
Thanking You in Advance for Your Support

Please note: Membership Dues are not used for any type of lobbying or political activities.

As a separate request, you may contribute to the National Head Start Dollar Per Child Campaign, use nonfederal funds. Please enter the additional amount you would like to contribute to this campaign. \$_____ and add to your payment. We will present check from New York State at the NHSA 2023 Annual Conference.