



PENNSYLVANIA HEAD START ASSOCIATION

PARENTS, STAFF, ADMINISTRATORS AND FRIENDS AFFILIATED FOR CHILDREN

Paula Margraf - Board President

Blair Hyatt - Executive Director

Pennsylvania Head Start Association

Membership Application

Name: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Mailing Address (if different from Home Address): _____

City: _____

State: _____ Zip Code: _____

Program/Grantee: _____

Title/Job Position: _____

Agency Phone: _____

Fax: _____

E-mail: _____

Annual Membership Dues:

January 1 to December 1 (good for one year)

Status	Dues	Amount Paid	Amount Enclosed
Current Head Start Parent	\$10.00	_____	_____
Former Parent	\$15.00	_____	_____
Staff Member	\$20.00	_____	_____
Friend of PHSA	\$25.00	_____	_____
Director	\$25.00	_____	_____

Please make checks or money orders payable to PHSA and return to:

Pennsylvania Head Start Association
415 Market St., Suite 206A
Harrisburg, PA 17101

415 Market St., Suite 206A, Harrisburg, PA 17101 Phone: (717) 526-4646
Email: stateoffice@paheadstart.org or visit us on the web at www.paheadstart.org