



New Mexico Head Start Association

Membership Application

Name: _____

Address: _____

Telephone #: _____ Fax#: _____

Email: _____ Grantee (if applicable): _____

Please notify us of address or telephone changes

CLASS AFFILIATIONS AND FEES (MEMBERSHIP RUNS JANUARY 1 THRU DECEMBER 31)

____ **Class A: Director (\$40)**

A full-time Director of a Head Start Grantee or Delegate Agency as recognized by the Region VI Office.

____ **Class B: Staff (\$15)**

Any person currently employed with any local Head Start Program who is not a Director. List staff position: _____

____ **Class C: Parent (\$5)**

Any parent with a child currently enrolled in a local Head Start or Early Head Start Program.

____ **Class: D Friend (\$25)**

Individuals other than Class A, B, or C.

____ **Class E: Non-voting Honorary (\$15)**

Individuals other than Class A, B, C or D. This class is primarily available for individuals whose employment status prohibits voting privileges.

____ **Student: (\$5)**

Any student who is not eligible for any of the Class Affiliations. This is primarily for high school/college students who are eligible to apply for NMHSA scholarships.

Make checks payable to: **New Mexico Head Start Association**

C/O Dona Ana County Head Start

2540 B El Paseo

Las Cruces, NM 88001

For more information email: NMHSA2015@gmail.com

FOR OFFICIAL USE ONLY

Date Received: _____ Received By: _____ Date Entered: _____

Amount Received: _____ Cash: _____ Check: _____ Money Order: _____

Affiliate Class: ____ A ____ B ____ C ____ D ____ E ____ Student Grantee Name: _____