

Alabama Head Start Association

Associate Membership Invoice

* **You can join at any time!**
* **The membership period is July 1 – June 30.**
* **Payments accepted by check, money order, or cashier’s check only.**

**Associate Membership Rates**

|  |  |
| --- | --- |
| Executive Director/Program Director | $50.00 |
| Manager/Coordinator | $25.00 |
| Staff/Parent | $10.00 |

* **Enter requested information in each box; Print form; Mail form with check to PO Box listed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Term:** | |  | | |
|  | | | |  |
| **Name:** |  | | | |
|  | | | |  |
| **Phone:** |  | | | |
|  | | | |  |
| **Email Address:** | |  | | |
|  | | | |  |
| **Amount Enclosed:** | | |  | |
|  | | | |  |
| **Program/Business:** | | |  | |
|  | | |  | |
| **Title/Position:** | |  | | |

Make checks, money orders, or cashier’s checks payable to:

**Alabama Head Start Association**

Mail check with completed form to:

**Alabama Head Start Association**

**PO Box 1427**

**Tuscaloosa, AL 35401**

If you need additional information or assistance, please email:[**ahsa.edirector@gmail.com**](mailto:ahsa.edirector@gmail.com)