

Alabama Head Start Association

Program Membership Invoice

* **All Head Start/Early Head Start programs providing services in Alabama are strongly encouraged to join.**
* **You can join at any time!**
* **Membership period id July1 – June 30. Dues are to be paid before or by July 31st**
* **Payments accepted by check, money order, or cashier’s check only.**

**Program Membership Rates**

|  |  |
| --- | --- |
| **Funded Enrollment** | **Membership Dues** |
| 0 – 200 | $660.00 |
| 201 – 400 | $825.00 |
| 401 – 600 | $990.00 |
| 601 – 800 | $1,155.00 |
| 801 – 1000 | $1,320.00 |
| 1000+ | $1,650.00 |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Term:** | | |  | | | | |
|  | | | | | | |  |
| **Total Funded Enrollment:** | | | | | | |  |
|  | | | | | | |  |
| **Amount Enclosed:** | | | | | |  | |
|  | | | | | | |  |
| **Program Name:** | | | |  | | | |
|  | | | | | | |  |
| **Director’s Name:** | | | | |  | | |
|  | | | | | | |  |
| **Address:** | |  | | | | | |
|  | | | | | | |  |
| **Phone:** |  | | | | | | |
|  | | | | | | |  |
| **E-mail Address:** | | | |  | | | |

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)



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Program Membership Certification

* **A Program Membership Certification must be completed annually and submitted with membership dues.**
* **Program Membership includes the Director, 1 Staff, 1 Parent, and 1 Friend as members on the AHSA board.**
* **If there are changes in your program, please submit an updated form via email to:**
  + [**ahsa.edirector@gmail.com**](mailto:ahsa.edirector@gmail.com)
* **Enter requested information in each box**

|  |  |
| --- | --- |
| **Program Term:** |  |
| **Certification Date:** |  |

**Director**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Phone:** |  |

**Staff**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Phone:** |  |

**Parent**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Phone:** |  |

**Friend**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Phone:** |  |

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