



** Speak * Represent * Advocate **

2016 THSA AGENCY DUES FORM

January 1, 2017 – December 31, 2017

COMPLETE ONLINE AT www.regonline.com/thsa

NAME OF AGENCY: _____
 Area: Please check one North South West Central

HEAD START DIRECTOR: _____

PLEASE CHECK ONE: Grantee Delegate Agency

ADDRESS: _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS (If Different from Above): _____

CITY, STATE, ZIP CODE _____

TELEPHONE NO.: _____ **FAX NO.:** _____ **CELL NO.:** _____

EMAIL: _____
REQUIRED PLEASE PRINT LEGIBLY REQUIRED

WEB SITE ADDRESS: _____

NUMBER OF CHILDREN SERVED: **HEAD START:** _____ **EARLY HEAD START:** _____

NUMBER OF EMPLOYEES: _____

******* REGONLINE REGISTRATION ID: REQUIRED: *******

Program Budget	ANNUAL DUES			TOTAL
	Registration \$3.45	Credit cards ONLY multiply 4.95%	For cards .10 per employee	
Under \$1million	\$403.45			
\$1-\$3 million	\$803.45			
\$3-\$6 million	\$1,203.45			
\$6-\$10 million	\$2,003.45			
\$10-\$15 million	\$2,503.45			
\$15-\$25 million	\$3,003.45			
\$25-\$40 million	\$3,503.45			
\$40-\$60 million	\$4,003.45			
Over \$60 million	\$4,503.45			

MEMBERSHIP VALID FOR ONE CALENDAR YEAR JANUARY - DECEMBER

Make checks or money orders payable to:

TEXAS HEAD START ASSOCIATION
 7819 Secretariat Lane
 Houston, Texas 77071
 www.txhsa.org

FOR OFFICE USE ONLY:
 Date Received _____
 Deposit Date _____
 Email Sent _____