



*** Speak * Represent * Advocate ***

THSA Membership Form

January 1, 2017 – December 31, 2017

COMPLETE ONLINE at www.regonline.com/thsa

If mailing in payment: Form must be **COMPLETELY** filled out, signed and dated.

NAME: _____ Job Title _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL(required): _____

Please print legibly

GRANTEE / AGENCY _____ Area: _____
(Complete name of agency -no initials) Central West North South

CITY: _____ STATE _____ ZIP CODE _____

MEMBERS SIGNATURE _____ DATE: _____

Membership class (Please indicate which caucus)	Dues amount	Registration Fee	ONLY if using credit card	RegOnline ID REQUIRED	Total amount enclosed
△Staff, △Friend, △Director	\$45	\$3.45	\$2.23		
△Head Start Parent	\$5	\$3.45	.25		

MEMBERSHIP IS VALID FOR ONE CALENDAR YEAR – JANUARY – DECEMBER

AFTER COMPLETING ON LINE APPLICATION:

Mail checks or money order payable to: Texas Head Start Association
 7819 Secretariat Lane
 Houston, Texas 77071
www.txhsa.org.

When paying by check or money order, allow 1 - 2 weeks for receipt of membership card. If you move or have a name change, please notify THSA immediately. **A \$32 fee will be charged for all returned checks.** All overpayments will be considered a donation to THSA. **ABSOLUTELY NO REFUNDS.** Memberships are not valid until appropriate payment has been received and cleared the bank.

FOR OFFICE USE ONLY:
 Date Received: _____ Deposit Date _____
 Card emailed: _____