

# Individual Membership Application

Membership Year: July 1, 2011 – June 30, 2012



**Please complete the following information:**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Fax	
E-Mail Address	
Program/Organization	

**Membership Category/Fee**

___ Director	\$20.00
___ Friend	\$20.00
___ Staff	\$20.00
___ Parent	\$10.00

**Benefits of Membership:**

- Become a member of a professional organization whose mission is to support quality services for children and families
- An opportunity to join with others who share a passion for the Head Start program and advocate for the future of Head Start
- Networking opportunities with peers and partners who jointly advocate for children and families
- Access to the Region VII Bi-Annual Publication and brochures
- A Region VII Logo Tote Bag
- Announcements regarding upcoming trainings and events throughout the four-state region

**Our Mission**

The Region VII Head Start Association promotes and supports the effectiveness of Head Start Associations and members to ensure quality services for children and families.

Thank you for completing this application form and for your interest in R7HSA Individual Membership. Please forward your completed registration form together with your check or money order made payable to Region VII Head Start Association to:

R7HSA, Attn: Membership, 233 SW Greenwich Drive, Suite # 105, Lee's Summit, MO 64082  
 Phone: 816.537.7801 Fax: 816.537.7802 Email: r7hsa@comcast.net

**FOR OFFICE USE ONLY**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$\_\_\_\_\_ Check \_\_\_\_\_ Membership# \_\_\_\_\_