

**Virginia Head Start Association**  
Membership Application

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

Agency: \_\_\_\_\_

Individual memberships are \$50 per year, effective November 1 – October 31.

Please make checks payable to VAHSA and return to:

Virginia Head Start Association  
PO Box 441  
Woodstock, VA