



Illinois Head Start
Association

IHSA Membership Benefits

Five Reasons for You to Join Illinois Head Start Association Today!

1. Receive discounts on IHSA conferences and training opportunities.
2. Enjoy IHSA support: IHSA represents Illinois Head Start on all major early childhood and other issue advocacy groups in the State. Your voice can be heard in these groups through IHSA's membership/representation system.
3. Take part in the larger National Head Start Association network through IHSA because IHSA is an affiliate. Your voice can also be heard nationally! IHSA has a long history of NHSA board representation.
4. Network at IHSA's training conference while attending top-notch educational sessions on the latest topics.
5. Protect your interests and the interests of our neediest children and families. You will be helping the Head Start community! Join Today.

Your IHSA Membership Includes These Benefits

- Voting privileges (for individual members only) in all IHSA elections.
- Regular mailings on all IHSA conferences and events
- Training opportunities
- Tremendous networking channels
- The opportunity to support IHSA and NHSA
- A statewide voice in advocating for Head Start children, families, staff and programs
- A chance at state, regional, and national awards and scholarships

Whether you're a hard-working Head Start professional, a Head Start parent new to the program, or someone who is reading about the program for the first time, join IHSA today. Like our other members, you'll find one of the greatest benefits is knowing you're helping the Head Start community!

Please Complete Application Form



Illinois Head Start Association [IHSA] Membership Invoice

Please make check / money order payable to:
ILLINOIS HEAD START ASSOCIATION
And mail to:

Illinois Head Start Association
3435 Liberty Drive, Suite D
Springfield, IL 62703

**Illinois Head Start
Association**

Phone: 217-241-3511

Fax: 217-241-3508

e-mail: director@ilheadstart.org

Dues are used to finance Association Activities, such as committee and component work, training conferences, travel of the regional representatives and the State Association Office operations.

Illinois Head Start Association Application Form

Please complete the following information for our records

Full Name _____

Title _____

Agency / Organization _____

Address _____

City _____

State _____

Telephone _____

Fax _____

**Please Select One:
Individual, Agency or
Associate Membership**

Individual.....35.00

Agency membership dues are based on the income a grantee or delegate receives as follows:

Head Start Agency.....200.00 if a program receives less than \$1,000,000

Head Start Agency.....400.00 if a program receives between \$1,000,000 and \$4,000,000

Head Start Agency.....600.00 if a program receives more than \$4,000,000

Associate.....300.00

TERM: Individual, Agency and Affiliate memberships extend from January 1st to December 31st

If applying for individual membership, please identify your affiliation: Parent, Staff, Director or Friend. See definitions below. Individual membership dues are \$35 for persons from any component.

Select one below:

Parent **Staff** **Director** **Friend**

DEFINITIONS: Parent: Parents of children currently enrolled in Head Start or current members of the local Parent Council / Committee.

Staff: Current Head Start Employees, other than the Director. **Director:** Current Director of a Head Start program, grantee or delegate.

Friend: Anyone not fitting the other categories and having the same concerns and interests of Head Start.