



**KENTUCKY HEAD START ASSOCIATION
Individual Membership Application**

Date: _____

Article V (Membership) of the Kentucky Head Start Association By-Laws provides that: "The membership of the Association shall be open to representatives of the public and private sectors who, by virtue of their positions, interests, experience and training can contribute as non-voting members to the purpose of the Association."

Name: _____

Your Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Head Start Program Name: _____

Program Address: _____

City: _____ State: _____ Zip: _____

- Check One:
- \$1.00 – Current Head Start Parent
 - \$3.00 – Head Start Friend
 - \$100.00 – Lifetime Member

Complete this Membership Application and send it along with your Membership Dues to:

Toby Miller
KHS A Membership Chair
c/o Licking Valley Head Start
203 High Street
Flemingsburg, KY 41041