

FRIEND OF THE HEAD START ASSOCIATION OF HAWAII MEMBERSHIP DUES FORM

For the period of: July 1, 2010 to June 30, 2011. Membership dues are **\$35.00**. Please fill out the information below.

Name: _____

Address: _____
Street *Suite*

City *State* *Zip Code*

Telephone: _____

Fax: _____

E-mail: _____

Amount Enclosed: \$ _____

Please make checks for dues out to *Head Start Association of Hawaii* and send with a copy of this Invoice to:

Head Start Association of Hawaii
C/O PACT EHS/HS
1485 Linapuni St., Suite 105
Honolulu, HI 96819

