



Smart Start Resource Room Single Membership

Today's Date: _____ Card ID #: _____ Expiration Date: _____

Name: _____

Email: _____

Would you like to receive a monthly email about our work on behalf of children birth to five? yes no

Home

Address: _____

Phone #: (_____) _____

Organization/Child Care Facility

Name: _____

Address: _____

Phone #: (_____) _____

I am a ... **(Please Check all that apply):** Parent of a young child Grandparent
Early Childhood Professional Agency Staff Other: _____

How did you hear about the Smart Start Resource Room? SSNHC website FB/Twitter/Insta
Local Event Another parent Co-worker Other _____

Payment Method (\$5 for Annual Membership, non-refundable): Credit Card Cash

I understand that I am responsible for having materials back to Smart Start Resource Room in good repair and in a timely manner. If there is any misuse of equipment at any time, Smart Start reserves the right to suspend privileges included in the Resource Room membership. I understand there will be a \$25 returned check/credit card refusal fee.

Printed Name

Date

Signature

To be completed by SS Staff: _____	
<input type="checkbox"/> Signed Guidelines	<input type="checkbox"/> Membership fee paid
<input type="checkbox"/> Copy of Driver's License or Picture ID	<input type="checkbox"/> Card Issued
<input type="checkbox"/> Verbally confirm non-refundable	<input type="checkbox"/> SS email list
	<input type="checkbox"/> Enter in Surpass