



Smart Start Resource Room
Group Membership

Today's Date: _____ Expiration Date: _____

Child Care Facility/Organization: _____

Administrator/Director: _____

Email: _____ Phone Number: _____

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

Address: _____

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

Please choose the level of membership that applies (membership fees are non-refundable):

10 staff and under - \$15 11-19 staff - \$20 20 plus staff - \$25

Payment Method:

Check Money Order Credit Card Amount Paid: _____

I understand that the staff listed on the attached "Staff Snapshot" will be eligible to use the equipment and check-out resource materials at Smart Start Resource Room as part of the group membership that I am receiving today. It is the child care center/agency's responsibility to update Smart Start of any staff changes that occur. The child care center/agency is 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 membership. I understand there will be a \$25 returned check/credit card refusal fee.

Printed Name

Signature

Date

To be completed by SSPC:	
<input type="checkbox"/> Signed Guidelines from Administrator	<input type="checkbox"/> Copy of Administrator's Drivers License or Picture ID
<input type="checkbox"/> Completed Staff Snapshot	<input type="checkbox"/> Card Issued
<input type="checkbox"/> Membership fee paid	<input type="checkbox"/> Verbally confirm non-refundable
<input type="checkbox"/> Add to Surpass	