



• NEW HANOVER COUNTY •

Smart Start Resource Room
Single Membership

Today's Date: _____

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

Organization/Child Care Facility

Address: _____

Name: _____

Address: _____

Phone #: _____

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 Facebook/Twitter
Local Event Another parent Co-worker Other_____

Payment Method (\$5 for Annual Membership, non-refundable): Credit Card Ck/Money Order

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 SSPC:	
<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"/> Enter in Surpass