



Smart Start Resource Room  
**Group Membership**

Today's Date: \_\_\_\_\_ Card ID #: \_\_\_\_\_ 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

Mailing Address: \_\_\_\_\_  
street city zip

**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

<b>To be completed by SS staff:</b> _____	
___ Signed Guidelines from Administrator	___ Copy of Administrator's Driver's License or Picture ID
___ Completed Staff Snapshot	___ Card Issued
___ Membership Fee Paid	___ Verbally confirm non-refundable
___ Add to Surpass	
revised 1/23	