



Smart Start Early Learning Resource Center 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

Additional members on membership:

Home

Address: _____

Phone #: (_____) _____

Organization/Child Care Facility

Name: _____

Address: _____

Phone #: (_____) _____

I am a ... (Please check all that apply):

___Parent/Relative/Guardian

___Home Visitor or Family Support Staff

___Therapist or Other Medical Professional

___Early Childhood Teacher/Director

___Student

___Technical Assistant

___Other (please write in): _____

How did you hear about the Smart Start Early Learning Resource Center?

___SSNHC website ___FB/Insta ___Local Event ___Another parent ___Co-worker

___Other (please write in): _____

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

I understand that I am responsible for having materials back to Smart Start Early Learning Resource Center 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 Early Learning Resource Center membership. I understand there will be a \$25 returned check/credit card refusal fee.

Printed Name

Date

Signature

To be completed by SS Staff: _____

___ Signed Guidelines

___ Copy of Driver's License
or Picture ID

___ Verbally confirm non-refundable

___ Membership fee paid

___ Card Issued

___ SS email list

___ Enter in Surpass

Updated 07.2025