

Missouri Head Start Association

MHSA Council Representative Report Form

Program Name	
Date of Report	
Name	
Title	<input type="checkbox"/> Friend <input type="checkbox"/> Director <input type="checkbox"/> Parent <input type="checkbox"/> Staff
Address	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Fax Number	
Email Address	
Replacement: <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Representative being replaced:
Name	
Title	<input type="checkbox"/> Friend <input type="checkbox"/> Director <input type="checkbox"/> Parent <input type="checkbox"/> Staff
Address	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Fax Number	
Email Address	
Replacement: <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Representative being replaced:

This form is used to report a change in your council representatives, a new representative or an address change. Please fill this report out and send it to MHSA at 233 SW Greenwich Drive, Suite 11, Lees Summit, MO 64082 or fax it to (816) 537-7802.

