

POLICY COUNCIL  
MEMBERSHIP

NEW MEMBER ELECTED Date: \_\_\_\_\_

Name: \_\_\_\_\_

Center: \_\_\_\_\_

FE: \_\_\_\_\_

Serving Year: \_\_\_\_\_

- Head Start Member
- Head Start Alternate
- Early Head Start Member
- Early Head Start Alternate
- Community Representative

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Message #: \_\_\_\_\_

DROP Date: \_\_\_\_\_

Name: \_\_\_\_\_

Center: \_\_\_\_\_

FE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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