

MAHPERD MEMBERSHIP APPLICATION

Name and Personal Information:

Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: Male Female

Mailing/Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Office () _____ Fax () _____

Personal E-mail Address: _____ School/Agency: _____

(Personal e-mail address requested due to school filters of school e-mail address)

Do you want your contact information to be available online? Yes No

AAHPERD MEMBER: YES ___ NO ___ MEMBER # _____

<p>Type of Membership:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full -Time Student \$10.00 <input type="checkbox"/> Professional \$30.00 <input type="checkbox"/> Para-Professional \$10.00 <input type="checkbox"/> Retiree \$10.00 <input type="checkbox"/> 1st Year Professional COMP <p>(This is your FIRST year to teach) Sponsor's Name: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> JRFH/HFH Member COMP <p>(Complimentary if event held in 2011– 2012 & collected minimum of \$1,000) (Verified by American Heart Association)</p> <p>Major area of employment: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Private/Public Agency 	<p>Professional Interest: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health <input type="checkbox"/> Physical Education <input type="checkbox"/> Recreation <input type="checkbox"/> Dance <input type="checkbox"/> Athletic (Coach/Manager) <input type="checkbox"/> Fitness Leadership/Ex. Science <input type="checkbox"/> Clinical (Rehab Education) <input type="checkbox"/> Administration <p>I am interested in serving my profession via the following MAHPERD activities: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Board/Council Membership <input type="checkbox"/> Presenting at annual convention <input type="checkbox"/> Student Advisory Council <input type="checkbox"/> Receiving Physical Best/Fitnessgram Specialist training.
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<ul style="list-style-type: none"> <input type="checkbox"/> Renewing <input type="checkbox"/> New Member <p>Payment Amount \$ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check enclosed <p>Check Number: _____</p>
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Office Use Only:

ED _____ RD _____ MN P _____ PP _____ R _____ S _____ CS _____
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Mail form to:
Brandi Childers Shappley
6575 Nellwood Drive
Olive Branch, MS 38654