

ArkAHPERD MEMBERSHIP APPLICATION

Name and Personal Information:

Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: _____ Last _____

Name: _____ Gender: Male Female

Mailing/Street Address: _____ City _____ Zip _____

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

E-mail Address: _____ School/Agency: _____

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

AAHPERD MEMBER: YES ___ NO ___ MEMBER # _____

Type of Membership:

- | | |
|---|--|
| <input type="checkbox"/> Full -Time Student \$10.00 | <input type="checkbox"/> Retiree \$10.00 |
| <input type="checkbox"/> 1st Year Professional COMP | <input type="checkbox"/> Professional \$40.00 |
| <input type="checkbox"/> JRFH/HFH Member COMP | <input type="checkbox"/> Para-Professional \$10.00 |

Major area of employment: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Private/Public Agency |
| <input type="checkbox"/> High School | |

Professional Interest: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Athletic (Coach/Manager) |
| <input type="checkbox"/> Fitness Leadership/Ex. Science | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Clinical (Rehab Education) | <input type="checkbox"/> Dance |

I am interested in serving my profession via the following

ArkAHPERD activities: (Check all that apply)

- Board/Council Membership
- Presenting at Annual Convention
- Student Advisory Council
- Receiving Physical Best/Fitnessgram Specialist Training.
- Renewing
- New Member

Payment Amount \$ _____ Check Enclosed/Check Number: _____

CHECKS PAYABLE TO: ArkAHPERD P.O. Box 240, State University, AR 72467