



AzAHPERD MEMBERSHIP APPLICATION

Arizona Association for Health, Physical Education, Recreation, and Dance

| Member Information | PLEASE PRINT |
|--|---|
| Member Status | <input type="checkbox"/> Renewal, AzAHPERD # <input type="checkbox"/> New |
| Full Name | |
| E-Mail Address | |
| Mailing Address: | Please Circle: Home/Work |
| City, State, ZIP | |
| County | |
| Phone Number | Please Circle: Home/Work |
| School/Institution Name | |
| School District (if applicable) | |
| Are you a member of the National Alliance (AAHPERD) | <input type="checkbox"/> Yes, AAHPERD # <input type="checkbox"/> No |
| Professional Interest Areas | Check all that apply <input type="checkbox"/> Health <input type="checkbox"/> Physical Education <input type="checkbox"/> Recreation <input type="checkbox"/> Dance <input type="checkbox"/> Adapted PE <input type="checkbox"/> Exercise Science <input type="checkbox"/> Athletics/Coaching <input type="checkbox"/> Administration <input type="checkbox"/> Athletic Training <input type="checkbox"/> Wellness/Fitness Industry <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Other: |
| Teaching/Work Level | <input type="checkbox"/> Early Childhood <input type="checkbox"/> Community College <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Middle School/Jr. High <input type="checkbox"/> Business <input type="checkbox"/> High School <input type="checkbox"/> Retired <input type="checkbox"/> Other: |
| AzAHPERD Membership you are seeking | Please check: <input type="checkbox"/> \$30 – Professional <input type="checkbox"/> \$10 – Retired <input type="checkbox"/> \$10 – Student (undergraduate/graduate; full-time status required in an HPERD degree-program) |

*** AzAHPERD memberships expire September 1st of each year**

Please mail completed application and appropriate fee to:

AzAHPERD Membership
5235 East Southern Avenue D106-461
Mesa, AZ 85206

Inquiries: membership@azahperd.org

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AzAHPERD Office Use:

Date recvd: _____ PO#: _____ Check #: _____ Memb. Card/letter sent: _____
DB entered: _____