



Membership Application Form

Name:	Member #
Home Address:	
City, State, Zip Code:	
Home Telephone: (Area code and #)	
Administrator/Principal:	
School/Agency:	
Business Address:	
City, State, Zip Code:	
Business Telephone: (Area code and #)	
E-mail address:	

Benefits of Membership:

- Conference discounts
- Professional growth and development
- Networking with like-minded professionals
- Leadership development
- Recognition through awards, grants, and scholarships
- Learning about current trends at the state and national levels
- Participation in public advocacy projects

Are you an AAHPERD member?

Yes No

Type of the membership application:

(circle all that apply)

New Renewal

Retired Student

Professional

Employment Level: <i>(check all that apply)</i>		Specialization: <i>(check all that apply)</i>	
<input type="checkbox"/>	Elementary	<input type="checkbox"/>	Health
<input type="checkbox"/>	Middle/Junior High	<input type="checkbox"/>	Physical Education
<input type="checkbox"/>	High School	<input type="checkbox"/>	Adapted Physical Education
<input type="checkbox"/>	Community College	<input type="checkbox"/>	Recreation
<input type="checkbox"/>	University	<input type="checkbox"/>	Dance
<input type="checkbox"/>	Full-time student	<input type="checkbox"/>	Other (Specify):
<input type="checkbox"/>	Agency	<input type="checkbox"/>	

Complete and mail this form with dues payment to: Jurgen Kraehmer, NAHPERD Treasurer
2713 Sonador Street Las Vegas, NV 89108

Make checks payable to NAHPERD (Professional \$25.00; Student \$10.00)