AzAHPERD
MEMBERSHIP APPLICATION* *
Arizona Association for Health, Physical Education, Recreation, and Dance

PLEASE PRINT

Name: _____
Last First Initial

Home Address:_____
Street City Zip

School Name:_____ District: _____

Work Address:_____
Street City Zip

Home Phone: (___)_____ Work Phone: (___)_____

E-Mail: _____ County: _____

Professional Interest Area: (Check all that apply)

_____Health
_____Physical Education
_____Recreation
_____Other_____
_____Dance
_____Adaptive P.E.
_____Exercise Science
_____Athletics/Coaching
_____Administration
_____Athletic Training
_____Sports Medicine/Physical Therapy
_____Wellness
_____Fitness Industry

Teaching/Work Level (Check those that apply)

_____Early Childhood
_____Elementary
_____Other_____
_____Middle School/Junior High
_____High School
_____Community College
_____University
_____Business
_____Retired

Membership Dues: (Check one)

_____Professional $30.00
_____Student $10.00
_____Retired $10.00

How many years have you been an AzAHPERD member?_____

* *Due to a change in membership year, all memberships expiring May 30, 2003 will be extended through Nov. 19, 2003.

THANK YOU!!! MAKE CKECKS PAYABLE TO: AzAHPERD

Send to: Lydia Garcia Crain, AzAHPERD Membership Chair
PO Box 42516 Tucson, AZ 85733-2516
e-mail:azahperd@aol.com

_____Check here if you do not want your name used in this year's AzAHPERD Directory
_____Check here if you do not want your name used on other mailing lists