



Massachusetts Association for Health, Physical Education, Recreation & Dance



Membership Application/Renewal/Registration Form

Memberships	
Professional	\$75.00
Retired	\$10.00
Full Time Student	\$20.00

Adapted PE Conf Registration	
Professional	\$95.00
Retired	\$50.00
Full Time Student	\$50.00

Member #: _____ (Leave blank if you don't know) **New:** ___ **Renewal:** ___ **Rejoin:** ___
Name: _____ **Home Address:** _____
City/Town: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Email: _____
School/Business: _____ **School/Business City/Town:** _____

Professional Responsibilities (Check all that apply)					
Responsibilities:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Coach	<input type="checkbox"/> City/Town Director	<input type="checkbox"/> Dept Head	<input type="checkbox"/> Other
Field:	<input type="checkbox"/> PE	<input type="checkbox"/> Health	<input type="checkbox"/> Adapted PE	<input type="checkbox"/> Recreation	<input type="checkbox"/> Dance
Level:	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle	<input type="checkbox"/> HS	<input type="checkbox"/> College	<input type="checkbox"/> Other

***Student membership status is for full time students only (9 credits per semester, proof required)**

Current Full Time Student: _____
College
Major
Year of Graduation

Voluntary donation for "Legislative Initiative 2018"

Please consider including a voluntary donation, in addition to your annual dues, with your 2017-2018 membership. Add "whatever you can afford" to aid in this critical campaign for the new law for Quality Physical Education. I am contributing \$5 \$10 \$20 Other(\$_____) as my support for the MAHPERD Legislative Initiative.

Registration for the 2018 MAHPERD Adapted PE Conference - Friday, May 4, 2018

1. 2017-2018 membership required to register for the conference, unless you choose to register as a non-member. (non-member registration is \$215.00)
2. Conference registration must be completed online, faxed or "postmarked" & include check or purchase order by **Monday, April 23rd.**

Enclosed is a check or purchase order for:

\$ _____ Membership (There are no refunds on memberships)
 \$ _____ Registration
 \$ _____ Non-member registration (\$215.00)
 \$ _____ Voluntary Donation
 \$ _____ Total

Mail to: MAHPERD, PO Box 182, Attleboro, MA 02703