



Massachusetts Association for Health, Physical Education, Recreation & Dance

PO Box 182
Attleboro, MA 02703
774-254-4657 Phone & Fax
riley@ma-hperd.org
www.ma-hperd.org

Membership Application/Renewal/Registration Form

Memberships

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

Adapted PE Conf Registration

Professional	\$99.00
Retired	\$60.00
Full Time Student	\$60.00

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 2019"

Please consider including a voluntary donation, in addition to your annual dues, with your 2018-2019 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 2019 MAHPERD Adapted PE Conference - Friday, May 3, 2019

1. 2018-2019 membership required to register for the conference, unless you choose to register as a non-member. (non-member registration is \$225.00)
2. Conference registration must be completed online, faxed or "postmarked" & include check or purchase order by **Monday, April 22nd.**

Enclosed is a check or purchase order for:

\$ _____ Membership (There are no refunds on memberships)

\$ _____ Registration

\$ _____ Non-member registration (\$225.00)

\$ _____ Voluntary Donation

\$ _____ Total

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