



Massachusetts Association for Health, Physical Education, Recreation & Dance

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Membership Application/Renewal/Registration Form

Member #: _____ (Leave blank if you don't know) **New**____ **Renewal**____ **ReJoin**____

Name: _____ **Home Address:** _____

City/Town: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

MAHPERD uses your email address for MAHPERD communications only. We do not share our database with any businesses or organizations.

School/Business: _____ **City/Town:** _____

Professional Members Only (check all that apply)

Position: Teacher____ Coach____ City/Town Director____ Dept Head____ Other____

Field: PE____ Health____ Adapted PE____ Recreation____ Dance____ Other____

Level: Elementary____ Middle____ High School____ College____ Other____

Full Time Students

(Minimum 9 credits/semester, proof required)

College: _____ **Major:** _____ **Graduation Date:** _____

Memberships

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

Convention Early Bird Pre-Registration

(Pre-registration Deadline Wed, October 21st)

Professional 1 Day	\$ 130.00
Professional Both Days	\$ 150.00
Student & Retired 1 or 2 Days	\$ 50.00
Non-Member	\$ 299.00

Payment:

_____ **Membership**

_____ **Registration**

_____ **Total**

For Office Use Only

_____ Credit Card

_____ Check

_____ Cash

_____ Purchase Order