



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

Virtual Convention Registration

(Registration Deadline Friday, October 23rd)

Professional	\$ 99.00
Retired	\$ 30.00
Non-Member	\$ 299.00
Student (Full Time Only) Current Membership	

Payment:

_____ Membership

_____ Registration

_____ Total

For Office Use Only

_____ Credit Card

_____ Check

_____ Cash

_____ Purchase Order