



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	\$79.00
Student	\$25.00
Retired	\$15.00

Spring Conference Registration

(Registration Deadline Wed, March 8th)

Professional	\$ 109.00
Student & Retired	\$ 69.00
Non-Member	\$ 275.00

Payment:

_____ **Membership**

_____ **Registration**

_____ **Total**

For Office Use Only

_____ Credit Card

_____ Check

_____ Cash

_____ Purchase Order