Massachusetts Association for Health, Physical Education, Recreation & Dance

PO Box 182
Attleboro, MA 02703
Phone: 774-254-4657
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www.ma-hperd.org

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)

Postion: 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
(Professional members don't qualify as full time students)

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

Memberships		**Convention - Nov 3&4, 2025** **Early registration Deadline Wed, Oct 22nd**	
		___Professional 1 Day - **Monday**	$ 165.00
___Professional	$79.00	___Professional 1 Day - **Tuesday**	$ 165.00
___Student	$25.00	___Professional Both Days	$ 190.00
___Retired	$15.00	___Student & Retired 1 or 2 Days	$ 75.00
		___Non-Member	$ 375.00

Payment:

_____**Membership**

_____**Registration**

_____**Total**

For Office Use Only

_____Credit Card

_____Check

_____Cash

_____Purchase Order