Massachusetts Association for Health, Physical Education, Recreation & Dance

PO Box 182
Attleboro, MA 02703
Phone: 774-254-4657
riley@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
(Minimum 12 credits/semester, proof required)
College:_____ **Major**:_____ **Graduation Date**:_____

Conference/Workshops Registration (Current Membership required for discounted rate)

Health Educator's Conference - Friday, Jan 23, 2026
(Registration Deadline Fri, Jan 16th)

___Professional	$ 135.00
___ Retired & Student	$ 95.00
___Non-Member rate	$ 300.00

Spring Conference - Friday, May 8, 2026
(Registration Deadline Wed, April 29th)

___Professional	$119.00
___Student & Retired	$79.00
___Non-Member rate	$300.00

Adapted PE Conference - Friday, March 13, 2026
(Registration Deadline Wed, March 4th)

___Professional	$ 119.00
___Student & Retired	$ 79.00
___Non-Member rate	$ 300.00

Leadership Conference - Thurs, April 2, 2026
(Registration Deadline Fri, March 27th)

___Professional	$ 135.00
___Non-Member	$ 300.00

Memberships
Professional: $79.00 **Student:** $25.00 **Retired:** $15.00

Payment:
_____**Registration**

_____**Membership**

_____**Total**

For Office Use Only

____Credit Card
____Check
____Cash
____Purchase Order