

# AzAHPERD MEMBERSHIP APPLICATION

Arizona Association for Health, Physical Education, Recreation, and Dance

| <b>Member Information</b>  | <b>PLEASE PRINT</b>  |
|--|--|
| <b>Full Name</b>   |  |
| <b>E-Mail Address</b>  |  |
| <b>Mailing Address:</b>  | <b>Please Circle: Home/Work</b>  |
| <b>City, State, ZIP</b>  |  |
| <b>County</b>  |  |
| <b>Phone Number</b>  | <b>Please Circle: Home/Work</b>  |
| <b>School/Institution Name</b>                                     |  |
| <b>School District<br/>(if applicable)</b>                         |  |
| <b>Are you a member of the<br/>National Alliance<br/>(AAHPERD)</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Professional Interest Areas</b>                                 | <b>Check all that apply</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Health<br/> <input type="checkbox"/> Recreation<br/> <input type="checkbox"/> Adapted PE<br/> <input type="checkbox"/> Athletics/Coaching<br/> <input type="checkbox"/> Athletic Training<br/> <input type="checkbox"/> Sports Medicine         </div> <div> <input type="checkbox"/> Physical Education<br/> <input type="checkbox"/> Dance<br/> <input type="checkbox"/> Exercise Science<br/> <input type="checkbox"/> Administration<br/> <input type="checkbox"/> Wellness/Fitness Industry<br/> <input type="checkbox"/> Other:         </div> </div> |
| <b>Teaching/Work Level</b>   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Early Childhood<br/> <input type="checkbox"/> Elementary<br/> <input type="checkbox"/> Middle School/Jr. high<br/> <input type="checkbox"/> High School<br/> <input type="checkbox"/> Other:         </div> <div> <input type="checkbox"/> Community College<br/> <input type="checkbox"/> University<br/> <input type="checkbox"/> Business<br/> <input type="checkbox"/> Retired         </div> </div>   |
| <b>AzAHPERD Membership you<br/>are seeking</b>                     | Please check:<br><input type="checkbox"/> \$30 - Professional<br><input type="checkbox"/> \$10 - Retired<br><input type="checkbox"/> \$10 - Student (undergraduate/graduate; full-time status required in an HPERD degree-program)   |

\* AzAHPERD memberships expire October 31 of each year

*Please mail completed application and appropriate fee to:*

## AzAHPERD Membership

c/o Tracy Robertson

PO Box 11533

Chandler, AZ 85248

Inquiries: [information@azahperd.com](mailto:information@azahperd.com)

**AzAHPERD Office Use:**

Date recvd: \_\_\_\_\_ PO#: \_\_\_\_\_ Check #: \_\_\_\_\_ Memb. Card/letter sent: \_\_\_\_\_

DB entered: \_\_\_\_\_