



MAHPERD

Professional Membership & Convention Registration Form

School Year 2017-2018

You can complete this online at www.mahperd.org

*Personal Information - PLEASE PRINT LEGIBLY - You must complete BOLD items noted by **

*Name: _____ *Email: _____
 *Home Address: _____
 *City: _____ *State: _____ *Zip: _____
 *School/University _____ *County: _____
(employed/attending) (employed)

Professional Information (complete all three indicators):

Discipline:	Health	Physical Education	Adapted PE	Dance	Recreation	Athletics
Position:	Teacher	Coach	Athletic Trainer	Administrator	Other	
Level:	Pre-K	Elementary	Middle	High	University Faculty	Retired Other _____

Membership Fees

Professional Membership: \$ 50.00 _____
 Professional Membership Three Year: \$125.00 _____
 Professional Membership - AHA Event School Earning Under \$5000 in 2016-17: \$10.00 _____
 School Name _____
 Professional Membership - AHA Event School Earning Over \$5000 in 2016-17: \$ 0.00 _____
 School Name _____
 Retired Professional Member: \$ 0.00 _____

Professional Development Convention • Registration October 20, 2017

(In order to attend the convention, you must have current MAHPERD membership)

PROFESSIONAL MEMBERS

Early Bird Special (6/12/2017 through 9/29/2017) \$60.00 _____
 Pre - Registration (9/30/2017 through 10/13/2017) \$75.00 _____
 On Site Registration (after 10/13/2017) \$100.00 _____
 (Late registrants cannot be assured of getting lunch and/or give - aways)
 Presenter: One presenter per session is FREE (prior year membership required) \$ 0.00 _____

AWARDS BANQUET

Please indicate number of people: _____ # of people @ \$ 60.00.
 (Do not sign up for the awards banquet if you are an award winner who will be getting complimentary admission)

There will be NO REFUNDS on membership, convention or banquet fees **TOTAL \$** _____

A check for _____ is enclosed made payable to **MAHPERD • Check #** _____

Please charge my _____ Visa _____ Master Card
 Card No. _____ Expiration Date _____

Signature _____
 Return to: **MAHPERD • Attn: Membership • PO Box 2818 • Westminster, MD 21158-2818**

FOR OFFICE USE ONLY: Date entered in Database _____ Date of Financial Entry _____ Memb. Exp. Date _____
 by _____ by _____



Maryland AHPERD



MAHPERD/SHAPE America

Student Membership & Convention Registration Form School Year 2017-2018

You can complete this online at www.mahperd.org

Personal Information – PLEASE PRINT LEGIBLY - You must complete BOLD items noted by *

*Name: _____ *Email: _____

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

*School/University _____
(employed/attending)

Professional Information:

Discipline: Health Physical Education Adapted PE Dance Recreation Athletics

MAHPERD Membership • MAHPERD Convention • SHAPE-America Membership for Students in Maryland Universities or Colleges

Membership Fee: \$ 75.00 _____

Included in this fee are:

- MAHPERD Electronic Membership
- MAHPERD Convention Registration- October 19-20, 2017
- SHAPE-America Electronic Membership
- Unlimited Access to SHAPE Online Resources
- Discounts on conferences and workshops
- Opportunities for Scholarships and awards

You will be receiving a letter from SHAPE-America welcoming you after receiving your payment.

Payment Options

A check for \$ _____ is enclosed made payable to **MAHPERD • Check #** _____

Please charge my Visa MasterCard

Card No. _____ Expiration Date: _____

Signature _____

Return to: **MAHPERD • Attn: Membership • PO Box 2818 • Westminster, MD 21158-2818**

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by _____ by _____



MAHPERD 2017-2018 SCHOOL YEAR

Institutional Membership Application

Membership available to K-12 Schools

School _____ Address _____ City _____ State _____ Zip _____ County _____ Work Phone _____ Fax _____	<p style="text-align: center;">Dues</p> <p style="text-align: center;">MAHPERD Institutional Membership \$150 for up to 4 individuals \$30 for each additional member</p> <p style="text-align: center;">Payment Options</p> <p>A check for \$ _____ is enclosed for Institutional Membership for _____ individuals.</p> <p>Please charge my Visa MasterCard Card No. _____ Expiration Date: _____ Signature _____</p>
<p><i>FOR OFFICE USE ONLY:</i></p> Date Entered _____ Member. Exp. Date _____ Member. # Assigned: _____ Total Amount: _____	

Member Teachers

A school may designate up to 4 individuals for Institutional Membership at the institutional rate of \$150. Additional individuals can be included for an additional fee of \$30 per individual. The first person listed will be designated to receive printed MAHPERD publications. All members will receive MAHPERD mailings and access to the website. MAHPERD does not share email addresses and announcements will be blind copied.

An online version of the Journal will be sent via email to all professional members One paper copy will be mailed to the school.

1. Name _____ E-mail _____
 Field (check all that apply) Athletics Health Physical Education Adapted PE Dance Recreation
 Position (check all that apply) Teacher Coach
2. Name _____ E-mail _____
 Field (check all that apply) Athletics Health Physical Education Adapted PE Dance Recreation
 Position (check all that apply) Teacher Coach
3. Name _____ E-mail _____
 Field (check all that apply) Athletics Health Physical Education Adapted PE Dance Recreation
 Position (check all that apply) Teacher Coach
4. Name _____ E-mail _____
 Field (check all that apply) Athletics Health Physical Education Adapted PE Dance Recreation
 Position (check all that apply) Teacher Coach

List additional members on a separate form. Enclose \$30.00 for each additional member.

Return to: MAHPERD Attn: Membership PO Box 2818, Westminster, MD 21158-2818