



MAHPERD 2010-2011 SCHOOL YEAR

Institutional Membership Application

Membership available to K-12 Schools

School _____

Address _____

City _____ State _____ Zip _____

County _____

Work Phone _____ Fax _____

Dues

MAHPERD Institutional Membership
 \$150 for up to 4 individuals
 \$30 for each additional member

Payment Options

A check for \$ _____ is enclosed for Institutional Membership for _____ individuals.

Please charge my Visa MasterCard
 Card No. _____
 Expiration Date: _____
 Signature _____

FOR OFFICE USE ONLY:

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 E-News and access to the website. MAHPERD does not share email addresses and E-News and announcements will be blind copied.

An online version of the Journal will be sent via email to all professional members. Institutions who prefer to receive a printed Journal will receive one copy of the Journal that will be mailed to the school.

Please check one : Our school prefers to receive a printed Journal.
 Our school prefers to receive an electronic Journal.

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.