

PLEASE PRINT CLEARLY

TAHPERD MEMBERSHIP FORM 2016-2017

TAHPERD needs accurate and up-to-date information to best serve its membership. Please complete each box. Please pay particular attention to your email address so we can distinguish between characters such as "L" and "1".

Home Address Information: (Please provide us with the home address in this box.)			Title: (<i>circle one</i>)			
_____			Dr. Mrs. Mr. Ms.			
FIRST NAME MIDDLE INITIAL LAST NAME			Home Phone:			
_____			Work Phone:			
- - -			County:			
CITY STATE ZIP CODE			Personal Email: _____			

Type of Membership: <input type="checkbox"/> Professional (P) <input type="checkbox"/> Graduate (G) <input type="checkbox"/> Undergraduate (U) <input type="checkbox"/> Associate (A) <input type="checkbox"/> Retired (R) <input type="checkbox"/> Institutional (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Life Fellow (LF)		Teaching/Work/Interest Level(s): <i>(check one or more)</i> <input type="checkbox"/> Elementary (E) <input type="checkbox"/> Middle (M) <input type="checkbox"/> Secondary (S) <input type="checkbox"/> Jr. College (JC) <input type="checkbox"/> College/University (U) <input type="checkbox"/> Other (O)		Professional Interest Area(s): (<i>check one or more</i>) <input type="checkbox"/> Health (H) <input type="checkbox"/> Physical Education (PE) <input type="checkbox"/> Recreation (R) <input type="checkbox"/> Dance (D) <input type="checkbox"/> Athletics/Coaching (A) <input type="checkbox"/> Sport Management (SM) <input type="checkbox"/> Exercise Science (ES) <input type="checkbox"/> Athletic Training (AT) <input type="checkbox"/> Other (O)	
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Membership Dues: <input type="checkbox"/> Professional \$35 <input type="checkbox"/> Professional ** \$0 (JRFH or HFH) <input type="checkbox"/> Graduate \$20 <input type="checkbox"/> Undergraduate \$15 <input type="checkbox"/> Associate \$15 <input type="checkbox"/> Retired \$5 <input type="checkbox"/> Institutional \$30 <input type="checkbox"/> Commercial \$15		Important Participation Information: <input type="checkbox"/> Yes <input type="checkbox"/> No SHAPE America member <input type="checkbox"/> Yes <input type="checkbox"/> No **JUMP ROPE COORDINATOR (15-16) <input type="checkbox"/> Yes <input type="checkbox"/> No **HOOPS COORDINATOR (15-16) ** If you received a complimentary membership for coordinating a JRFH or HFH event during the 2015-2016 school year, please enter your coupon code in the box. If you qualified check your August emails. <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>		TAHPERD USE ONLY AMOUNT: _____ CHECK #: _____ JRFH HFH DATE: _____	
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Payment: Amount Enclosed \$ _____ Please do not send cash.

Name of School/Agency: _____

Position: _____

**** If you coordinated a JRFH or HFH event during the 2015-2016 school year and the event raised more than \$600, you are entitled to have your TAHPERD 2016-2017 membership fee waived. If the event raised more than \$4,001 a 2nd person as designated by the event coordinator at the host school may also have their membership fee waived. If the event raised more than \$10,001 a 3rd and 4th person as designated by the event coordinator at the host school may also have their membership fee waived for 2016-2017. Coordinators who qualified received an email mid August notifying them of the code to use.**

Mail to: TAHPERD 244 Shrewsbury Dr. Murfreesboro, TN 37129	If you have questions regarding membership contact Andrea Burton: Ph: (865) 567-2540 Email: tahperd.ed@aol.com
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“Promoting Physically-Active Lifestyles for Tennesseans”

WWW.TAHPERD.US

