

PLEASE PRINT CLEARLY

# TAHPERD MEMBERSHIP FORM 2020-2021

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

<b>Home Address Information:</b> (Please provide us with the home address in this box.)  <hr/> <div style="display: flex; justify-content: space-between;"> <span>FIRST NAME</span> <span>L</span> <span>LAST NAME</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Address</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>	<b>Title:</b> <i>(circle one)</i> <div style="text-align: center; margin-top: 5px;"> <span>Dr.</span>    <span>Mrs.</span>    <span>Mr.</span>    <span>Ms.</span> </div> <hr/> <b>Home Phone:</b>  <b>Work Phone:</b>  <hr/> <b>County:</b>
<b>Email:</b> _____	

<b>Type of Membership:</b> <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"/> Life Fellow (LF)	<b>Teaching/Work/Interest Level(s):</b> <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)	<b>Professional Interest Area(s):</b> <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)	<b>Membership Dues:</b> <input type="checkbox"/> Professional    \$50 <input type="checkbox"/> Graduate        \$20 <input type="checkbox"/> Undergraduate   \$15 <input type="checkbox"/> Associate        \$15 <input type="checkbox"/> Retired          \$15
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<b>Name of School/Agency:</b>  <hr/>  <b>Position:</b>  <hr/>	<b>TAHPERD USE ONLY</b>  AMOUNT: _____  CHECK #: _____  DATE: _____
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**Payment:**                      **Amount Enclosed \$** \_\_\_\_\_                      **Please do not send cash.**

Are you interested in:

<b>Online Convention:</b>	Yes	No	March	April	May	<b>Online Workshop:</b>	Yes	No	June	July
<b>In Person Convention:</b>	Yes	No	March	April	May	<b>In Person Workshop:</b>	Yes	No	June	July

Mail to: TAHPERD 244 Shrewsbury Rd. Murfreesboro, TN 37129	If you have questions regarding membership: Email: <a href="mailto:tahperd.ed@aol.com">tahperd.ed@aol.com</a>
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**“Promoting Physically-Active Lifestyles for Tennesseans”**  
**WWW.TAHPERD.US**