



South Carolina Alliance
for Health, Physical Education,
Recreation and Dance

2017 SCAHPERD Membership Application

90th SCAHPERD Convention
November 10-12, 2017
Kingston Plantation
Myrtle Beach,
South Carolina



New Membership

Renewal of Membership

\$60.00- 2 Year Professional Membership: Any person professionally engaged or interested in (HPERDFSAW) may become a voting member by paying the annual dues.

\$35.00- 1 Year Professional Membership: Any person professionally engaged or interested in (HPERDFSAW) may become a voting member by paying the annual dues.

\$12.00- 1 Year Future Professional Membership: Any full-time graduate or undergraduate student of (HPERDFSAW)

\$15.00-1 Year Retired Professional Membership: Any retired individual who has been a member of the (HPERDFSAW) profession may retain voting membership by paying dues stipulated for retired members.

Employment Classification

- Elementary College/University
- M. S. /Jr. High Hospital
- High School Public/Community
- Health Department Worksite
- Other _____

Major Employment Responsibility

- Athletic Director Athletic Trainer
- Coach Department Chair
- Intramural Director Principal
- Supervisor Teacher
- Program Director Wellness Coordinator
- Health Educator Other _____

I select membership in the following association(s) of SCAHPERD. Circle two numbers, indicating your first and second choices. You may select one association twice. Each association that you select receives a portion of your dues.

- 1 2 S.C. Dance Association
- 1 2 S.C. Association for the Advancement of Health Education
- 1 2 S.C. Association for Physical Education and Sport

Future Professionals of SC, Student Association for HPERD

Please check areas of interest.

_____ Dance _____ Health _____ Physical Education

Students only select the Future Professionals of South Carolina Association

PLEASE PRINT CLEARLY

Last Name First Name MI

Complete Mailing Address:

(Street)_____

(City)_____ (State)_____ (Zip)_____

Complete Work Address:

(Site)_____ (Street)_____

(City)_____ (State)_____ (Zip)_____

Phone Numbers: Home: (_____) _____ Work: (_____) _____

How would you like to receive The Alliance Newsletter from SCAHPERD? (Please check one)

*Hard Copy (US Mail) _____ *Electronic Copy (Email) _____

Your e-mail address is **important** for receiving information from SCAHPERD. Your e-mail address will never be sold, or shared with another organization or business. **Please print clearly.**

(Work or School email)

SCAHPERD plans to send as much information as possible by e-mail.

<p>Check Information \$25.00 Return Check Fee</p> <p>Check: \$ _____ Check # _____</p>	<p>_____ Visa _____ Master _____ American Express _____ Discover _____</p> <p>Card # _____ / _____ / _____ / _____ Billing Zip Code: _____</p> <p>Expiration Date: _____ / _____ CVV Code: _____</p> <p>A three dollar (\$3.00) processing fee will be added when using a credit card.</p> <p>Membership \$ _____ + \$3.00 = \$ _____ Signature _____</p>
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I joined SCAHPERD through the advice of: _____

One Year Membership extends for twelve (12) months from the first day of the month in which the dues are paid.

MAKE CHECKS PAYABLE TO SCAHPERD

Mail application with dues to:

SCAHPERD,

1301 Columbia College Dr., Columbia, SC 29203

Voice: 803-786-3384 & Fax: 803-786-3386

Email: scahperd@columbiasc.edu

www.scahperd.org