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

2017 SCAHPERD Membership Application

❑ New Membership

❑ Renewal of Membership

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

❑ **$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 (HPERDSAW) 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.

Check Information	Visa Master American Express Discover
$25.00 Return Check Fee Check: $_____ Check # _____	Card # _____/_____/_____/_____ Billing Zip Code: _____ Expiration Date: _____/_____CVV Code: _____ A three dollar ($3.00) processing fee will be added when using a credit card. Membership $ _____ + $3.00 = $_____ Signature_____

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