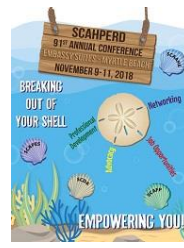




91<sup>st</sup> SCAHPERD Conference  
 November 9-11, 2018  
 Kingston Plantation  
 Myrtle Beach,  
 South Carolina



## Future Professionals 2018 Membership Application

New Membership  Renewal of Membership

- \$18.00 Future Professional Membership:** Any full-time graduate or undergraduate student of (HPERDFSAW)

**Note:** Graduate students can only hold an office in SCAFP if they join as a SCAFP member. If you want to join or hold an office in another SCAHPERD association, you must join that association as a professional member.

Graduation Year: \_\_\_\_\_

**Circle one Association:**

SCAAHE (Health)

SCAPES (Physical Education)

SCDA (Dance)

**PLEASE PRINT CLEARLY**

Please use the most permanent mailing address you have available. SCAHPERD uses bulk mailing procedures for much of its mailing. Bulk mail is not forwarded or returned to the sender. Many students use their home mailing address.

\_\_\_\_\_  
 Last Name First MI

**Complete Mailing Address:**

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name of College/University you attend: \_\_\_\_\_

College/University Complete Address: \_\_\_\_\_

School or Cell Phone Number: \_\_\_\_\_

Are you a senior graduate? \_\_\_\_\_ I joined SCAHPERD through the advice of: \_\_\_\_\_

**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.**

(E-mail address) \_\_\_\_\_

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

Visa Master American Express Discover

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

A three dollar (\$3.00) processing fee will be added when using a credit card.

Membership \$ \_\_\_\_\_ + \$3.00 = \$ \_\_\_\_\_ Signature \_\_\_\_\_

**Membership extends for 12 months from the first day of the month in which the dues are paid.**

Amount of Check \_\_\_\_\_ Check Number \_\_\_\_\_

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO:**

**SCAHPERD**

Mail application with dues to:  
 SCAHPERD  
 1301 Columbia College Drive  
 Columbia, SC 29203

**SCAHPERD Contact Information:**

Voice: 803-786-3384

Fax: 803-786-3386

Email: [SCAHPERD@columbiasc.edu](mailto:SCAHPERD@columbiasc.edu)  
[www.scahperd.org](http://www.scahperd.org)