

Dear Graduate:

Congratulations on your upcoming graduation. You have worked hard over the last few years to reach this milestone in your life. Please accept **this one year free professional membership** in SCAHPERD. If you are working in the fields of health, physical education, recreation, dance, sport management, athletic training, or exercise science membership in SCAHPERD can help provide professional support through membership services, networking with other professionals, and professional growth opportunities through conferences and conventions. Please complete the application below and mail it to SCAHPERD.

Sincerely,

Kym Kirby

Kym Kirby, Executive Director

- \$18.00 Future Professional Membership:** Any full-time graduate or undergraduate student of (HPERDFSAW) **Note:** Graduate students can only hold an office in FPSC if they join as a FPSC member. If you want to join or hold an office in another SCAHPERD association, you must join that association as a professional member.

Graduating Seniors!!!! Membership for 2 Year for the Price of 1

Graduation Year: _____

Circle one Association:

SCAAHE (Health)

SCAPES (Physical Education)

SCDA (Dance)

PLEASE PRINT CLEARLY

Last Name First MI

Important: Most student addresses change after graduation. Please provide an address where your mail can be received for at least a year. Most SCAHPERD mailings are bulk mail and bulk mail is not forwarded.

Mailing Address- _____
Street City State Zip

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

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.

(E-mail address) _____

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

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

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

Check Information \$25.00 Return Check Fee Check: \$ _____ Check # _____	Visa Master American Express Discover
	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 _____

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
www.scahperd.org

The department chair or student major advisor must sign the membership application. I verify that the above applicant is graduating with a degree from our department.

Signature of chair or student major advisor

College or University

Date

(If doing electronically SCAHPERD will be checking with the College provided above)

Membership extends for 24 months from the first day of the month in which the application is received. One year will be a Future Professional membership and the second will be a Professional Membership in the association selected above.