



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

2018 SCAHPERD Membership Application

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



New Membership

Renewal of Membership

\$125.00- 3 Year Professional Membership: Any person professionally engaged or interested in (HPERDFSAW) may become a voting member by paying the annual dues.

\$90.00- 2 Year Professional Membership: Any person professionally engaged or interested in (HPERDFSAW) may become a voting member by paying the annual dues.

\$50.00- 1 Year Professional Membership: Any person professionally engaged or interested in (HPERDFSAW) may become a voting member by paying the annual dues.

\$18.00- 1 Year Future Professional Membership: Any full-time graduate or undergraduate student of (HPERDFSAW) Graduation Year _____

\$20.00-1 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
- M. S. /Jr. High
- High School
- Health Department
- Other _____
- College/University
- Hospital
- Public/Community
- Worksite

Major Employment Responsibility

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

I joined SCAHPERD through the advice of: _____

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