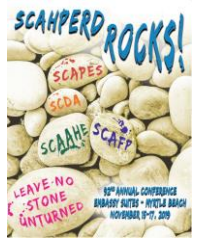




South Carolina Alliance  
for Health, Physical Education,  
Recreation and Dance

# 2019 SCAHPERD Membership Application

92<sup>nd</sup> SCAHPERD Conference  
November 15-17, 2019  
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](mailto:scahperd@columbiasc.edu)

[www.scahperd.org](http://www.scahperd.org)