Please print clearly & provide complete information. Your membership must be current at conference time to qualify for membership conference rates.

MEMBERSHIP APPLICATION FORM
It is important that you complete all information requested.

- New Membership
- Renewal of Membership
  - 1 year Professional $50
  - 2 year Professional $90
  - 3 year Professional $125
- Future Professional $18
- Anticipated Graduation Date
- Retired $20
- I select membership in the following associations(s) of SCAHPERD. Circle two numbers, indicating your first and second choices. You may select one association twice.
  1 2 S.C. Association for Physical Education and Sport
  1 2 S.C. Association for the Advancement of Health Education
  1 2 S.C. Association for Physical Education and Sport

Students join Future Professionals and select areas of interest
- Future Professionals of South Carolina
  - Dance
  - Health
  - Physical Education

Your e-mail address will never be sold, or shared with another organization or business. SCAHPERD plans to send as much information as possible by e-mail:

**Newsletter Preference:**
- Electronic
- Mail

E-Mail Address: ______________________

Home Address: ______________________

Street address

City: __________________ State: _______ Zip: _______

County: _______ Home #: (______) _______

Complete Work Address: ______________________

School/Organization ______________________

School District/Higher Ed. ______________________

Street address ______________________

City: __________________ State: _______ Zip: _______

Job Title: __________________ Work #: (______) _______

*Membership Fees are non-refundable*

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**Conference Registration Fees**

<table>
<thead>
<tr>
<th>Conference Registration</th>
<th>Early Bird</th>
<th>Registration</th>
<th>Late Reg.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional &amp; Retired Full Conference</td>
<td>$50</td>
<td>$75</td>
<td>$90</td>
<td></td>
</tr>
<tr>
<td>Future Professional</td>
<td>$20</td>
<td>$35</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Professional &amp; Retired 1 Day (Saturday)</td>
<td>$30</td>
<td>$45</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Professional &amp; Retired 1 Day (Sunday)</td>
<td>$30</td>
<td>$45</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Non-Member Full Conference</td>
<td>$130</td>
<td>$145</td>
<td>$160</td>
<td></td>
</tr>
<tr>
<td>Non-Member 1 Day (Saturday)</td>
<td>$100</td>
<td>$115</td>
<td>$130</td>
<td></td>
</tr>
<tr>
<td>Non-Member 1 Day (Sunday)</td>
<td>$100</td>
<td>$115</td>
<td>$130</td>
<td></td>
</tr>
</tbody>
</table>

**Membership Fees (if applicable)**

$3.00 credit card processing fee per item (if applicable)

**TOTAL**

(Must be postmarked by pre-registration deadline)

Check or Purchase Order Number: ______________________

Checks Payable to SCAHPERD
*There will be a $25.00 returned check fee.*

Credit Cards Accepted:
- Visa
- MasterCard
- American Express
- Discover

Card Number: __________/________/________/________

CVV Code: __________

Expiration Date: __________/________

Billing Zip Code: __________

Signature: ______________________

*A $3.00 non-refundable credit card processing fee is added when using a credit card per item.*

- I am physically challenged and will need assistance.

SCAHPERD is not responsible for accidents or injuries that may occur during conference sponsored sessions/events.

**Mail Registration and Membership Form To:**
SCAHPERD, 1301 Columbia College Drive, Columbia, South Carolina 29203
Voice 803-786-3384 Fax: 803-786-3386
Email: SCAHPERD@columbiasc.edu
Visit www.scahperd.org regularly to view updates in schedule

**Referred to Join SCAHPERD by:** ______________________