



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

# 2023 SCAHPERD Membership Application

96th SCAHPERD Conference  
November 17-19, 2023  
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.

**\$20.00- 1 Year Future Professional Membership:** Any full-time graduate or undergraduate student of (HPERDFSAW) Graduation Year \_\_\_\_\_

**\$25.00-1 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.

**\$5.00-1 Year K-12 Membership:** Students in grades K-12 can be a SCAHPERD member for \$5.00 per student per year.

**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: \_\_\_\_\_

**Complete Mailing Address:**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Complete Work Address:**

Worksite Name: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ 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.

<p>Check Information \$25.00 Return Check Fee</p> <p>Check: \$ _____ Check # _____</p>	<p>_____ Visa _____ Master _____ American Express _____ Discover _____</p> <p>Card # _____ / _____ / _____ / _____ Billing Zip Code: _____</p> <p>Expiration Date: _____ / _____ CVV Code: _____</p> <p>A three dollar (\$3.00) processing fee will be added when using a credit card.</p> <p>Membership \$ _____ + \$3.00 = \$ _____ Signature _____</p>
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I joined SCAHPERD through the advice of: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO SCAHPERD**

Mail application with dues to: SCAHPERD  
PO Box 445  
White Rock, SC 29177

Voice: 803-575-2822  
Email: [scahperd@gmail.com](mailto:scahperd@gmail.com)  
[www.scahperd.org](http://www.scahperd.org)