



**South Carolina Alliance for Health, Physical Education, Recreation and Dance
Membership for Students in Grades K-12
to participate in any SCAHPERD/SCDA sponsored event**

All professionals and students must be a member of SCAHPERD to participate in a sponsored event.

This membership fee does not include registering for the conference/festival/convention or workshop sponsored by SCAHPERD and Associations of SCAHPERD

Membership is for one year

Please choose from the following options:

Option 1 : Individual student membership

Students in grades K-12 can be a SCAHPERD member for \$5.00 per student per year. Students opting for this membership are not eligible for mailed information throughout the year; however, they are eligible to receive informational emails, emails regarding the newsletters and convention program if they provide an email. One instructor from the studio or institution must be a current SCAHPERD member (go to www.SCAHPERD.org) for membership information. The instructor or teacher from the studio/school should send in all names and check(s) at one time for the group.

****College students-** Must become a full student member of the FPSC Association which can be done on-line through www.SCAHPERD.org.

Name of School or Studio _____
 Student's Name _____
 Student's Address _____
 Student's Phone _____
 Student's Email _____
 Professional Contacts Name _____

For more than one Student Membership please attach a list of all above info for each individual

Option 2 : Institutional Membership

K-12 institutions/studios and arts organizations can become members of SCAHPERD to include one teacher/professional membership and up to 30 students for a flat fee of \$135. The professional representative will receive all informational materials throughout the year on behalf of all members of that institution/organization.

Name of School/studio/organization _____
 Address _____
 Phone # _____
 Name of Professional Contact _____
 Email Address for the Professional Contact _____

****Please attach the list with the students names, names of schools the student attends and grade levels for up to 30 students per Institutional Membership.****

Membership Option 1: ___ \$5 per student
 Option 2: ___ \$150 for School/studio or arts organization
 Total amount paid \$ _____

Mail Membership Form and Payment to:
 SCAHPERD
 P.O. Box 445
 White Rock, SC 29177
 Voice (803) 575-2822
 Email SCAHPERD@gmail.com
 Website www.scahperd.org

Purchase Order Number: _____
 Makes Checks Payable to SCAHPERD
 Check Number: _____
 Note: There will be a \$25.00 returned check fee.
Credit Cards Accepted: Visa MasterCard American Express Discover
 Card Number: ____/____/____/____
 CVC# ____ (three digits in the signature area on the back of credit card)*
 Expiration Date: ____/____ Billing Zip Code: _____
 A \$3.00 credit card processing fee is added when using a credit card.
 Signature: _____

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