



Mississippi Association for Health, Physical Education, Recreation and Dance  
Membership and Virtual Convention 2022 Registration

[www.mahperd.com](http://www.mahperd.com)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

School/Agency/Business or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Media: \_\_\_\_\_

<b>Type of Membership:</b> <input type="checkbox"/> Professional: \$45.00 <input type="checkbox"/> Full-Time Student: \$20.00 <input type="checkbox"/> Paraprofessional: \$20.00 <input type="checkbox"/> Retiree: \$20.00  Are you: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal Membership	<b>Professional Interest</b> (Check all that apply): <input type="checkbox"/> Health <input type="checkbox"/> Recreation <input type="checkbox"/> Athletics <input type="checkbox"/> Fitness <input type="checkbox"/> Research <input type="checkbox"/> Physical Education <input type="checkbox"/> Dance <input type="checkbox"/> Exercise Science <input type="checkbox"/> College/University <input type="checkbox"/> Administration
<b>Interested in serving in MAHPERD:</b> <input type="checkbox"/> Board/Council <input type="checkbox"/> Presenting at Convention <input type="checkbox"/> Health.Moves.Minds	<b>Major Area of Employment:</b> <input type="checkbox"/> Elementary PE <input type="checkbox"/> Health Education <input type="checkbox"/> Private/Public Agency <input type="checkbox"/> Secondary PE <input type="checkbox"/> College/University
<b>2022 Virtual Convention Registration:</b> <input type="checkbox"/> Professional: \$40.00 <input type="checkbox"/> Full-Time Graduate Student: \$20.00 <input type="checkbox"/> Paraprofessional: \$20.00 <input type="checkbox"/> Undergraduate/Retiree: COMP  <input type="checkbox"/> CEU Registration: \$25.00 for 1.0 CEUs (must complete appropriate documents)  Payment: <input type="checkbox"/> Online/PayPal (email used) _____ <input type="checkbox"/> Check/Check Number _____ <input type="checkbox"/> Purchase Order Number _____ (mail or email copy of PO directly)	

Return completed application form to [msahperd@gmail.com](mailto:msahperd@gmail.com) OR  
214 Nash Circle  
Oxford, MS 38655  
Attn: MAHPERD