Mr. Mrs. Ms. Dr. 

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Gender:** Male Female

**Mailing/Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you want your contact information to be available online? \_\_\_\_YES \_\_\_\_NO

**SHAPE AMERICA MEMBER:** \_\_\_\_YES \_\_\_\_NO MEMBER #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Membership:**  **membership includes a $1,000,000 general liability policy**  Professional: $45.00  Full-Time Student: $20.00  Para-Professional: $20.00  Retiree: $20.00  RENEWAL MEMBERSHIP  NEW MEMBER  **Major Area of Employment:**  Elementary School  Middle School  High School  College/University  Private/Public Agency | | **Professional Interest:**  Health  Physical Education  Recreation  Dance  Athletic (Coach/Manager)  Fitness Leadership/Ex. Science  Clinical (Rehab Education)  Administration  **I am interested in serving via MAHPERD:**  Board Member  Presenting at Annual Convention  Student Advisory Council  Health.Moves.Minds | |
| **Convention Pre-Registration:**  Professional: $80.00  Full-Time Graduate Student: $40.00  Para-Professional: 40.00  Undergraduate/Retiree: COMP  ***Pre-registration is due by October 1, 2022 and includes RSVP for luncheon,* all others will need to pay at the door if tickets are available** | **On-Site Registration**  Professional: $90.00  Full-Time Graduate Student: $50.00  Para-Professional: 55.00  Undergraduate/Retiree: COMP  MUST BE A MEMBER OF MAHPERD TO RECEIVE COMP REGISTRATION | | **Additional Events:**  Attending Pre-Convention October 27  **YES**  **NO**  RSVP 2022 Awards Luncheon,  Friday, Oct 28 includes Awards  Ceremony and Ikey Carr Speaker  **YES**  **NO** |
| **Type of payment:**  Online/PayPal (email used) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check/ Check # \_\_\_\_\_\_\_\_\_  PO # \_\_\_\_\_\_\_\_\_\_\_ (please bring a copy with you to the conference)  **TOTAL PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Return your completed application form to:  Email/scan to, [msahperd@gmail.com](mailto:msahperd@gmail.com)  Mail to: Laura Prior 214 Nash Circle Oxford, MS 38655  Attn: MAHPERD | | | |