



Mississippi Association for Health, Physical Education, Recreation and Dance  
Membership Application

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

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

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

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

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

Phone: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

SHAPE America Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Member # \_\_\_\_\_

<p>Type of Membership:</p> <p><input type="checkbox"/> Professional \$45.00</p> <p><input type="checkbox"/> Full-Time Student \$20.00</p> <p><input type="checkbox"/> Para-Professional \$20.00</p> <p><input type="checkbox"/> Retiree \$20.00</p> <p>Are you:</p> <p><input type="checkbox"/> A New Member</p> <p><input type="checkbox"/> Renewing Membership</p>	<p>Professional Interest :</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Physical Education</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Athletics (Coach/Manager)</p> <p><input type="checkbox"/> Fitness Leadership/Exercise Science</p> <p><input type="checkbox"/> Clinical (Rehab Education)</p> <p><input type="checkbox"/> Administration</p> <p>Are you Interested in:</p> <p><input type="checkbox"/> Serving on the Board/Council</p> <p><input type="checkbox"/> Presenting at convention/PD</p> <p><input type="checkbox"/> Health.Moves.Minds</p>
<p>Type of Payment</p>	
<p><input type="checkbox"/> Online/PayPal Email: _____</p> <p><input type="checkbox"/> Check/Check # _____</p> <p><input type="checkbox"/> Purchase Order/PO # _____</p>	<p>Total Payment: _____</p>

Return your completed form to:

[msahperd@gmail.com](mailto:msahperd@gmail.com)

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Oxford, MS 38655  
Attn: MAHPERD