MISSISSIPPI ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

Convention and Membership Application

"Moving Forward Together"
Oxford Activity Center, Oxford MS
November 9, 2026
www.mahperd.com

☐ 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: _____

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

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
- _____ 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 20, 2026 and includes RSVP for luncheon

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:
RSVP 2026 Awards Luncheon: Includes Awards Ceremony and Ikey Carr Speaker **– MUST pre-register by October 20th**

YES ☐ **NO** ☐

President's Social Sunday, August 8th 6:00pm (FREE for members)

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
Mail to: Laura Prior 214 Nash Circle Oxford, MS 38655
Attn: MAHPERD