California Association for Health, Physical Education, Recreation & Dance

Membership Application

For Office Use Only
Code _____
Memb# _____
Exp. _____
Ck # _____
Amt _____
Dated _____
Posted _____

INSTRUCTIONS: *Please provide all requested information on this application so we may adequately serve your needs and professional interests. Print clearly and legibly. Avoid abbreviations where possible. If you have any questions, please contact the CAHPERD State Office.*

First Name _____ **Alias** _____ **M.I.** _____ **Last Name** _____

Preferred Mailing Address *(Check One)* ☐ **Home** ☐ **Work**

Home Address _____ **City** _____ **ST** _____ **Zip** _____

Work Address _____ **City** _____ **ST** _____ **Zip** _____

School/Agency Full Name: _____ ☐ Private School

Place of Employment (Professional)

School District _____ **County of Employment** _____

Please no abbreviations.

Preferred E-mail Address *(Check One)* ☐ **Personal** ☐ **Work**

Personal E-mail _____ **Work E-mail** _____

Home Phone (____) _____ **Work Phone** (____) _____ **Cell Phone** (____) _____

Are you applying as a full time student? ☐ **Yes** ☐ **No** **School Attending:** _____ **Expected Graduation Year** _____

STUDENT APPLICANTS MUST SUBMIT (VIA MAIL, E-MAIL, OR FAX) A COPY OF YOUR CURRENT COURSE SCHEDULE WITH YOUR APPLICATION.

Membership Categories:

☐ $89.00 **Professional:** Persons with an academic background in HPERD and/or currently employed in these fields.
- ☐ Check here if you would like to contribute $5.00 of your membership dues to the CAHPERD Foundation.

☐ $34.00 **Future Professional (Student):** Full time undergraduate students seeking careers in HPERD related fields and who are not employed on a full-time basis in the profession. **(You must provide a copy of your current course schedule reflecting full-time status of 12+ Units.)**

☐ $100.00 **Institutional:** Periodical subscriptions for libraries, university departments, schools, and state agencies.

☐ $44.50 **Retired:** Individuals 55 years and older who have retired from their professions after 20 or more years as a CAHPERD member. If working, must be less than full-time.

☐ Other Categories: **Corporate**, **Associate**, **Transitional**, and **Affiliate**. Please contact the State Office.

Employment Area *(Check One)*:
- ☐ 1. Elementary/Preschool
- ☐ 2. Middle/Jr High School
- ☐ 3. High School
- ☐ 4. Community College
- ☐ 5. College/University
- ☐ 6. City/County/State/Federal
- ☐ 7. School District
- ☐ 8. Private School
- ☐ 9. Rec./Parks/After School
- ☐ 10. Other_____

Education – *Highest Level* *(Check One)*:
- ☐ Undergraduate Studies
- ☐ AA Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree
  Title (e.g. Ph.D.)_____
- ☐ Other_____

Employment Position *(Check One)*:
- ☐ 1. Physical Education Teacher
- ☐ 2. Teacher/Coach
- ☐ 3. Classroom Teacher
- ☐ 4. High School Instructor
- ☐ 5. College Instructor/Professor
- ☐ 6. APE Specialist
- ☐ 7. Health Teacher.
- ☐ 8. PE Specialist
- ☐ 9. Dance Instructor
- ☐ 10. HPERD Administrator
- ☐ 11. Athletic Director/Dept. Head
- ☐ 12. Program Director
- ☐ 13. Instructional/Teacher's Aide
- ☐ 14. Retiree
- ☐ 15. HPERD Consultant
- ☐ 16. Retiree
- ☐ 17. Student
- ☐ 18. Rec./After-School Coor.
- ☐ 19. Other_____

Interest Areas *(Select Only Three)*:
- ☐ 1. Adapted Physical Education
- ☐ 2. Aging/Adult Development
- ☐ 3. Administrative/Supervision
- ☐ 4. Boys and Men's Athletics
- ☐ 5. Dance and Movement
- ☐ 6. Early Childhood/Elem. Educ.
- ☐ 7. Girls and Women in Sport
- ☐ 8. Health Education
- ☐ 9. Multicultural Dynamics
- ☐ 10. Physical Edu/Kinesiology
- ☐ 11. Physical Fitness
- ☐ 12. Prof. Educ./Pedagogy
- ☐ 13. Recreation
- ☐ 14. Research
- ☐ 15. Swimming/Aquatic Sports
- ☐ 16. Sports Medicine
- ☐ 17. After-School Programs
- ☐ 18. Other_____

CHECKS PAYABLE TO CAHPERD

TO CHARGE YOUR MEMBERSHIP ☐ Visa ☐ MasterCard

Credit Card Number

CC Exp. _____ Total $ to be Charged: _____

Signature _____

Annual membership fees must accompany your application. These fees are not tax deductible as charitable contributions for income tax purposes. However, they may be considered under other provisions of the tax code. Consult your tax professional.

Copy and send this completed application AND FEES to:

California Association for Health, Physical Education, Recreation & Dance

1501 El Camino Avenue, Suite 3 ♦ Sacramento, CA 95815-2748

(916) 922-3596 ♦ Fax: (916) 922-0133

membership@cahperd.org