

GAHPERD Membership Form

Please print clearly and provide all information requested. This will help us serve you better. Make check payable to GAHPERD and send this form with payment to: Kim Thompson, GAHPERD Executive Director, 9360 Highway 166, Winston, GA, 30187.

Please include all requested information

New: _____ Renewal: _____ Female: _____ Male: _____

Last Name: _____ First Name: _____

Classification and Membership Dues (check one)	(please circle)		
	1-year	2-year	3-year
_____ Professional (includes full time grad student)	\$25	\$45	\$65
_____ Retired	\$12	n/a	n/a
_____ Future Professional (undergraduate student)	\$8	n/a	n/a

Preferred Mailing Address: (Street, Apt. #) _____

(City) _____

(State, Zip) _____

County of Residence: _____

County of Employment: _____

School/Organization/Employer: _____

Home Phone: _____ Work Phone: _____

FAX Number: _____ Email Address: _____

Second Email: _____

Employment Classification:

_____ Elementary	_____ Two-Year College
_____ Middle School	_____ College/University
_____ Secondary	_____ City/County Administrator
	_____ Other _____

Other Memberships:

AAHPERD _____ Yes _____ No GAE _____ Yes _____ No
Membership #: _____ Membership #: _____

Areas of Interest:

Division (check one)

_____ Dance
_____ General
_____ Health
_____ Physical Education

Sections (check two)

_____ College/University
_____ NAGWS/Men's Athletics
_____ Recreation
_____ Future Professional (Students check here)
_____ Elementary PE
_____ Middle School PE
_____ Secondary PE
_____ Exercise Science