



TAHPERD

Promoting Healthy Lifestyles

MEMBERSHIP APPLICATION

7910 Cameron Road • Austin, Texas 78754
Ph:(512) 459-1299 • Fax:(512) 459-1290 • www.tahperd.org

Name: <input type="text"/>	Work Phone Number: <input type="text"/>
ISD/University/Other Employer: <input type="text"/>	Home Phone Number: <input type="text"/>
Campus/School Name: <input type="text"/>	Cell Phone Number : <input type="text"/>
Home Mailing Address: <input type="text"/>	E-mail: (Required for receiving HPERD Newsletters) <input type="text"/>
City/State/Zip: <input type="text"/>	Ethnicity: (For Grant Purposes) <input type="text"/> Gender: (For Grant Purposes) <input type="text"/>
If a Previous TAHPERD Member: Member ID#: <input type="text"/> Expiration Date: <input type="text"/>	Birth Year: (For Grant Purposes) <input type="text"/> Teacher Certification Year: <input type="text"/>

PROFESSIONAL MEMBERS ONLY
Instructions: Please use the corresponding numbers in the columns below to select the best description in each category.

PRIMARY Job Description: _____ SECONDARY Interest: _____
 Classification: _____ Highest Degree Completed: _____
 Primary Interest: _____

PRIMARY Job Description: (choose one) 1. Teacher/Professor 2. Athletic Coach 3. Athletic Trainer/Sports Medicine 4. Administrator 5. Teacher's Aide 6. Recreation/Parks Staff 7. Hospital/Clinic Staff 8. Private/Volunteer Agency 9. Corporate/Private Fitness 10. Other	Classification: (choose one) 1. Elementary 2. Middle School 3. Secondary 4. Community/Junior College 5. College/University 6. Government Office/Agency 7. Recreation/Parks 8. Other	PRIMARY Interest: (choose one) 1. Physical Education 2. Athletics 3. Research 4. Dance 5. Recreation 6. Health 7. Adapted/Special Programs 8. Administration 9. Other
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SECONDARY Interest:
(choose one)
1. Physical Education
2. Athletics
3. Research
4. Dance
5. Recreation
6. Health
7. Adapted/Special Programs
8. Administration
9. Other

Highest Degree Completed:
1. Bachelors
2. Masters
3. Doctorate

MEMBERSHIP OPTIONS (CHECK ONE)

<input type="checkbox"/> Professional Membership (One Year) (Certified Teachers and Professionals)	\$ 55
<input type="checkbox"/> 5 yr. Professional Membership	\$ 220
<input type="checkbox"/> Associate Membership (Non-Certified Teachers and Personnel)	\$ 45
<input type="checkbox"/> Student-to-Professional Membership (2-year)	\$ 55
<input type="checkbox"/> Student Membership (Student MUST be a FULL-TIME student)	\$ 20
<input type="checkbox"/> Retired Membership (Contact TAHPERD State Office for eligibility criteria.)	\$ 20

Payment Information
 Check enclosed payable to: TAHPERD
 Credit Card#: _____ Exp. Date: _____
 Signature: _____

**If Paying with a School Purchase Order
Please Read the Following:**

Individual application forms for each attendee must be attached to all school purchase orders. All checks sent to the State Office by a school district must attach copies of each attendee's application form.

---->Original/Copy of original PO Required.
 ---->Requisition or travel vouchers for P.O.'s are **NOT** accepted documentation.
 ---->Billing Address **MUST** be on the purchase order.

FOR TAHPERD OFFICE USE ONLY:

CC AP# _____ PO # _____