



Alabama State Association for Health, Physical Education Recreation and Dance

Membership Application

Form of payment _____
Date _____
Processed by _____
OFFICE USE ONLY

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION (one letter per space)

Name _____
first name _____ last name _____

Home Address _____

City/State/Zip _____

Mobile Phone _____

Email _____

School/Agency _____

School System _____

County _____ **District #** _____ (determined by *county of employment*)

- District #1** Baldwin, Clark, Conecuh, Escambia, Mobile, Monroe, Washington
- District #2** Barbour, Butler, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston, Pike
- District #3** Calhoun, Chilton, Clay, Cleburne, Coosa, Randolph, Shelby, St. Clair, Tallapoosa, Talladega
- District #4** Jefferson, Walker
- District #5** Autauga, Bullock, Chambers, Dallas, Elmore, Lee, Lowndes, Macon, Montgomery, Russell, Wilcox
- District #6** Bibb, Choctaw, Greene, Hale, Marengo, Perry, Pickens, Sumter, Tuscaloosa
- District #7** Colbert, Fayette, Franklin, Lamar, Lauderdale, Lawrence, Marion, Winston
- District #8** Blount, Cherokee, Cullman, DeKalb, Etowah, Jackson, Limestone, Madison, Marshall, Morgan

Membership Category:

Professional – Current employment in HPERD, athletics, exercise, fitness or related area	\$55	_____
Paraprofessional – Aide in an Alabama school	\$35	_____
Future Professional (Student) - Full-time undergraduate _____	\$25	_____
Full-time graduate student _____	\$25	_____
<i>Not available for individuals eligible for professional membership (e.g., K-12 teachers who are in graduate school)</i>		
Retired – Retired professional who was a member for 10 years prior to retirement	\$35	_____

Area of Interest (Circle two): Elem. PE; Middle/High PE; Adapted PE; Athletics; Health; Physical Activity; Research; Higher Ed.

Form of payment: Cash _____

Check _____ Payable to ASAHPERD; Returned check fee \$30

Credit Card: Be sure the billing zip code and phone number are included above.

Am Ex	_____	Expiration: _____
Discover	_____	Expiration: _____
Master Card	_____	Expiration: _____
Visa	_____	Expiration: _____
Signature	_____	

Employment (Circle one): Undergrad Student; Grad Student; K – 12; College/University; Agency/Business; Other _____

Send completed form and payment to ASAHPERD Membership, PO Box 369, Arley, AL 35541

Questions? Call Donna Hester 205-388-0304 or email dhester@asahperd.org