



**Alabama State Association for Health,
Physical Education Recreation and Dance
Membership Application**

Form of payment _____ Date _____ Processed by _____ OFFICE USE ONLY
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PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION (one letter per space)

Name _____
first name _____ last name _____

Home Address _____

City/State/Zip _____

Home Phone _____ or Cell 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 **\$40** _____
- Aide** – Paraprofessional in an Alabama school **\$25** _____
- Future Professional (Student)** - Full-time undergraduate or full-time graduate student **\$20** _____
*Not available for individuals eligible for professional membership
(e.g., K-12 teachers who are in graduate school)*
- Jump Rope/Hoops for Heart** - JRFH/HFH Coordinator and have completed event previous year
ONE discounted membership *per school event* **\$10** _____
- Retired** – Retired professional who was a member for 10 years prior to retirement **\$25** _____

Area of Interest (Circle one): 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