



JOIN TODAY, AND PUT AAHPERD TO WORK FOR YOU!

AAHPERD Membership Application

YES, I want to join AAHPERD. Please send my Association credentials, and begin my subscription to Update and the professional journal(s) I've checked below.

(Mr.) (Ms.) (Dr.)

Name _____

Please fill out both addresses below and then tell us which one you'd like to use.

1. Business/Academic Address

Place of Employment

Address

City State Zip

Work Phone Fax

E-mail

2. Home Address

Address

City State Zip

Home Phone

Preferred Membership Mailing Address

Business/Academic Home

Your satisfaction is 100% guaranteed. Cancel any time and you'll receive a full refund on all the months remaining on your membership. **Join AAHPERD with confidence!**

Customize your membership

Choose your Associations

AAHPERD membership includes membership in any two Associations. Please prioritize your choices. Students may join only one Association.

- 1 2 American Association for Active Lifestyles and Fitness
- 1 2 American Association for Health Education
- 1 2 American Association for Leisure and Recreation
- 1 2 National Association for Girls and Women in Sport
- 1 2 National Association for Sport and Physical Education
- 1 2 National Dance Association

Research Consortium For those interested in research. (Select this in addition to your association affiliation(s) at no extra charge to you.)

Choose your Professional Journals

- Journal of Physical Education, Recreation & Dance*
- American Journal of Health Education*
- Research Quarterly for Exercise and Sport*
- Strategies*

You receive a subscription to one professional journal with your membership in AAHPERD. Subscriptions to additional journals are only \$25 each per year.

Figure your dues

AAHPERD Professional Membership	\$ _____
OR (\$125 per year)	
AAHPERD Student Membership*	\$ _____
(\$45 per year)	
Additional Professional Journals	\$ _____
(\$25 per year)	
Foreign Postage (<i>Outside U.S. & Canada</i>)	\$ _____
<i>add \$8 per journal including Update.</i>)	
TOTAL DUE	\$ _____

*Proof of full-time student status required. Please attach photocopy of current student ID or other proof.

Payment Options

- My check is enclosed for a full year's Membership.
- Please charge my VISA MASTERCARD AMEX
 - Annual Payment Quarterly Payment*

Card No.

Expiration Date: _____

Signature: _____

*Quarterly payments (credit card only) renew automatically until canceled by you.

For Office Use Only

DepDt: _____

Ck #: _____

Amt: _____

American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive, Reston, VA 20191-1598

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