



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 Health Education
1 2 American Association for Physical Activity 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, A Journal for Physical and Sport Educators
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 (\$135 per year)
AAHPERD Student \$
(\$50 per year)
Undergraduate Graduate
Additional Professional Journals \$
(\$25 per year)
Foreign Postage (Outside U.S. & Canada) \$
add \$12 per journal including Update.)
TOTAL DUE \$

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:

