

**MEMBERSHIP APPLICATION FORM**

Join the Association and lend support through strength of members

and through your professionalism!

(Membership year runs from 9/1 - 8/31)

**DUES**

**Professional ($30.00) $ \_\_\_\_\_\_\_**

**Student ($15.00) $ \_\_\_\_\_\_\_**

**Retired ($0.00) \_\_\_\_\_\_\_**

Please make checks payable to: NHAHPERD

and mail to: Dianne Rappa, P.O. Box 123, Bath, NH 03740

**PLEASE FILL IN BELOW**:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please check preferred mailing address

\_\_\_\_ School/Business Address \_\_\_\_ Home Address

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY AREA OF INTEREST: (Please check appropriate area(s)**

\_\_\_\_ Physical Education \_\_\_\_ Health \_\_\_\_ Recreation \_\_\_\_ Dance \_\_\_\_ Agency \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEVEL OF EMPLOYMENT: (Please check appropriate area(s))**

\_\_\_\_ Preschool \_\_\_\_ Elementary \_\_\_\_ Middle \_\_\_\_ Secondary \_\_\_\_ College/University \_\_\_\_ Agency \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to serve on the NHAHPERD Executive Board &/or an ad hoc committee? Public Relations/Advocacy, Newsletter, Awards, Conference (present/preside), Retiree Network

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thanks! Feel free to contact me with questions, requests & concerns: Dianne Rappa, P.O.B.123, Bath, NH 03740; 747-3508; 747-2408(F) email: [drappa@roadrunner.com](mailto:drappa@roadrunner.com) ; [www.nhahperd.org](http://www.nhahperd.org)