



TAHPERD

Promoting Healthy Lifestyles

MEMBERSHIP APPLICATION

7910 Cameron Road | Austin, Texas 78754
 Ph: (512) 459-1299 | Fax: (512) 459-1290 | www.tahperd.org

Name: <input type="text"/>	Work Phone Number: <input type="text"/>
ISD/University/Other Employer: <input type="text"/>	Home Phone Number: <input type="text"/>
Campus/School Name: <input type="text"/>	Cell Phone Number : <input type="text"/>
Home Mailing Address: <input type="text"/>	E-mail: (Required for receiving HPERD Newsletters) <input type="text"/>
City/State/Zip: <input type="text"/>	Ethnicity: (For Grant Purposes) <input type="text"/> Gender: (For Grant Purposes) <input type="text"/>
If a Previous TAHPERD Member: Member ID#: <input type="text"/> Expiration Date: <input type="text"/>	Birth Year: (For Grant Purposes) <input type="text"/> Teacher Certification Year: <input type="text"/>

PROFESSIONAL MEMBERS ONLY

Instructions: Please use the corresponding numbers in the columns below to select the best description in each category.

PRIMARY Job Description: _____ SECONDARY Interest: _____
 Classification: _____ Highest Degree Completed: _____
 Primary Interest: _____

- | | | |
|---|--|--|
| PRIMARY Job Description:
(choose one) | Classification:
(choose one) | PRIMARY Interest:
(choose one) |
| 1. Teacher/Professor | 1. Elementary | 1. Physical Education |
| 2. Athletic Coach | 2. Middle School | 2. Athletics |
| 3. Athletic Trainer/Sports Medicine | 3. Secondary | 3. Research |
| 4. Administrator | 4. Community/Junior College | 4. Dance |
| 5. Teacher's Aide | 5. College/University | 5. Recreation |
| 6. Recreation/Parks Staff | 6. Government Office/Agency | 6. Health |
| 7. Hospital/Clinic Staff | 7. Recreation/Parks | 7. Adapted/Special Programs |
| 8. Private/Volunteer Agency | 8. Other | 8. Administration |
| 9. Corporate/Private Fitness | | 9. Other |
| 10. Other | | |

- SECONDARY Interest:**
(choose one)
- Physical Education
 - Athletics
 - Research
 - Dance
 - Recreation
 - Health
 - Adapted/Special Programs
 - Administration
 - Other

- Please Check the Boxes that Apply:**
- My school has a School Health Advisory Council (SHAC)
 - My SHAC meets on a regular basis
 - I coordinate a Hoops for Heart event
 - I coordinate a Jump Rope for Heart event
 - I am a Physical Education Coordinator or similar Administrator
 - I am a college majors club sponsor

- Highest Degree Completed:**
- Bachelors
 - Masters
 - Doctorate

MEMBERSHIP OPTIONS (CHECK ONE)

- Professional Membership (One Year) (Certified Teachers and Professionals) \$ 60
- 5 yr. Professional Membership \$ 261
- Associate Membership (Non-Certified Teachers and Personnel) \$ 50
- Student-to-Professional Membership (2-year) \$ 60
- Student Membership (Student MUST be a FULL-TIME student) \$ 20
- Retired Membership \$ 20
(Contact TAHPERD State Office for eligibility criteria.)

Payment Information

Check enclosed payable to: TAHPERD

Credit Card#: _____ Exp. Date: _____

Signature: _____

**If Paying with a School Purchase Order
Please Read the Following:**

Individual application forms for each attendee must be attached to all school purchase orders. All checks sent to the State Office by a school district must attach copies of each attendee's application form.

----> Original/Copy of original PO Required.
 ----> Requisition or travel vouchers for P.O.'s are NOT accepted documentation.
 ----> Billing Address MUST be on the purchase order.

FOR TAHPERD OFFICE USE ONLY:

CC AP# _____ PO # _____