MISSISSIPPI ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

CONVENTION & MEMBERSHIP APPLICATION 2020-2021

www.mahperd.com

"Shaping Our Future Together"

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

School/Agency/Business or Organization: _____

Mailing/Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____)_____ **Office** (_____)_____

Personal Email Address: _____ _____

We want to stay connected! Share your Social Media: _____

_____

SHAPE AMERICA MEMBER: _____ YES _____ NO   **MEMBER #**_____

Type of Membership:	**Professional Interest:**
membership includes a $1,000,000 general liability policy	☐ Health
☐ Professional: $45.00	☐ Physical Education
☐ Full-Time Student: $20.00	☐ Recreation
☐ Para-Professional: $20.00	☐ Dance
☐ Retiree: $20.00	☐ Athletic (Coach/Manager)
☐ RENEWAL MEMBERSHIP	☐ Fitness Leadership/Ex. Science
☐ NEW MEMBER	☐ Clinical (Rehab Education)
	☐ Administration
Major Area of Employment:	**I am interested in serving via MAHPERD:**
☐ Elementary School	☐ Board/Council
☐ Middle School	☐ Presenting at Annual Convention
☐ High School	☐ Health. Moves. Minds
☐ College/University	
☐ Private/Public Agency	

VIRTUAL Convention Pre-Registration:	**On-Site Registration**	**Additional Events:**
☐ Professional: $40.00	☐ Professional: $50.00	Are you one of our Health. Moves. Minds School?
☐ Full-Time Graduate Student: $20.00	☐ Full-Time Graduate Student: $30.00	☐ YES ☐ NO
☐ Para-Professional: $20.00	☐ Para-Professional: $30.00	
☐ Undergraduate/Retiree: COMP		If not, would you like to know more about this FREE opportunity that can raise funds for your school?
Pre-registration is due by February 10, 2021	☐ Undergraduate/Retiree: COMP MUST BE A MEMBER OF MAHPERD TO RECEIVE COMP REGISTRATION	☐ YES ☐ NO
☐ CEU Registration ($15 for 1.0 CEUs)		

Type of payment:
☐ Online/PayPal (email used) _____
☐ Check/ Check # _____
☐ PO # _____ (mail or email copy of PO directly)   **TOTAL PAYMENT: $_____**

Return your completed application form to:
msahperd@gmail.com
214 Nash Circle
Oxford, MS 38655
Attn: MAHPERD

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