Mr. Mrs. Ms. Dr. 

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/Agency/Business or Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** Male Female

**Mailing/Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you want your contact information to be available online? \_\_\_\_YES \_\_\_\_NO

**SHAPE AMERICA MEMBER:** \_\_\_\_YES \_\_\_\_NO MEMBER #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Type of Membership:****membership includes a $1,000,000 general liability policy**  Professional: $45.00  Full-Time Student: $20.00 Para-Professional: $20.00 Retiree: $20.00 RENEWAL MEMBERSHIP  NEW MEMBER**Major Area of Employment:** Elementary School  Middle School High School College/University Private/Public Agency | **Professional Interest:** Health  Physical Education  Recreation Dance Athletic (Coach/Manager)  Fitness Leadership/Ex. Science Clinical (Rehab Education) Administration**I am interested in serving via MAHPERD:** Board Member Presenting at Annual Convention Student Advisory Council Health.Moves.Minds |
| **Convention Pre-Registration:** Professional: $80.00  Full-Time Graduate Student: $40.00 Para-Professional: 40.00 Undergraduate/Retiree: COMP***Pre-registration is due by October 1, 2022 and includes RSVP for luncheon,* all others will need to pay at the door if tickets are available** | **On-Site Registration** Professional: $90.00  Full-Time Graduate Student: $50.00 Para-Professional: 55.00 Undergraduate/Retiree: COMP MUST BE A MEMBER OF MAHPERD TO RECEIVE COMP REGISTRATION | **Additional Events:**Attending Pre-Convention October 27 **YES**  **NO** RSVP 2022 Awards Luncheon, Friday, Oct 28 includes Awards Ceremony and Ikey Carr Speaker **YES**  **NO** |
| **Type of payment:** Online/PayPal (email used) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check/ Check # \_\_\_\_\_\_\_\_\_ PO # \_\_\_\_\_\_\_\_\_\_\_ (please bring a copy with you to the conference)  **TOTAL PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Return your completed application form to: Email/scan to, msahperd@gmail.com Mail to: Laura Prior 214 Nash Circle Oxford, MS 38655Attn: MAHPERD |