



New Jersey Association for Health, Physical Education, Recreation and Dance

Membership Application

Check one: Renewal New Member

PLEASE PRINT

| | | | |
|------------------|--|---------------------|------|
| Last Name | | First | M.I. |
| Home Address | | | |
| City | | State | Zip |
| County | | | |
| Phone | | | |
| Preferred Email: | | | |
| College Attended | | Years in profession | |
| School Name | | | |
| School District | | County | |

PRIMARY AFFILIATION (Choose One Only)

- | | |
|---|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> All HPERD |
| <input type="checkbox"/> Sports and Athletics | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Other |

TEACHING LEVEL

- | | |
|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Student |
| <input type="checkbox"/> Middle School/Junior HS | <input type="checkbox"/> Administrator/Supervisor/Director |
| <input type="checkbox"/> High School | <input type="checkbox"/> Other |
| <input type="checkbox"/> College/Higher Education | |

MEMBERSHIP CLASSIFICATIONS/FEES

- | | |
|---|--|
| <input type="checkbox"/> \$50 Professional | <input type="checkbox"/> \$1000 Life Member, may be paid in three installments 1st Payment \$350, 2nd Payment \$350 four months later. Final Payment \$300, four months later. |
| <input type="checkbox"/> \$90 Two Years | |
| <input type="checkbox"/> \$130 Three Years | |
| <input type="checkbox"/> \$25 Jump/Hoops Coordinator (AHA verified) | |
| <input type="checkbox"/> \$15 Retired | <input type="checkbox"/> \$125 Commercial |
| <input type="checkbox"/> \$10 College/University Student | <input type="checkbox"/> \$75 Organizational |
| <input type="checkbox"/> \$25 College/University Senior-2 yr. | <input type="checkbox"/> Other |

- Send me information regarding American Heart Association Hoops/Jump for Heart Events.
- I would like to serve the association as a committee member or officer.
- I am interested in presenting a program at a workshop, conference or convention.

Membership benefits include publications, legislative actions, conferences, annual convention and workshops, awards and networking.

Make check payable to: NJAPERD
 Email: njahperd@verizon.net
 732.918.9999 Phone
 732.918.2211 Fax

Mail to:
 NJAPERD
 P.O. BOX 2283
 OCEAN, NJ 07712

| | | | |
|----------------------------------|------------------|------------|----------------|
| FOR OFFICE USE: Date Rec'd _____ | Check/PO # _____ | Am't _____ | Exp Date _____ |
| 7/08W | | | |