



**New York State Association for Health,
Physical Education, Recreation and Dance, Inc.**
77 North Ann Street ♦ Little Falls, New York 13365

Phone: 315.823.1015 ♦ Toll Free: 1.877.473.7398 ♦ Fax: 315.823.1012
Website: www.nysahperd.org ♦ Email: nysahperd@nysahperd.org

Name: _____

Date of Birth: ____/____/____

Maiden Name: _____

Last 4 digits for Social Security # : _____

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Renewing Member

Please make a selection on your **PERFERRED Mailing Address**

Place an **X** in the box next to home or school.

**If no selection is made-HOME will be the default.*

Graduates and Undergraduates must select your Home Address.

Home Address: _____

Personal Email: _____

Home/ Cell Phone: _____

School District: _____
Building Name: _____
Work Address: _____

Work Email: _____

Work Phone: _____

All of your selections will help us to meet your Membership needs and better tailor our *Email Communications & Future Offerings.*

Please check the areas below that are of **MOST** interest to you.

Additional Interests

<input type="checkbox"/>	Adapted PE & Sports	<input type="checkbox"/>	Exercise Science/Sports Medicine
<input type="checkbox"/>	Aquatics Education	<input type="checkbox"/>	Health Education
<input type="checkbox"/>	Coaches	<input type="checkbox"/>	Higher Education / Professional Prep
<input type="checkbox"/>	Dance Education	<input type="checkbox"/>	Middle School/High School PE
<input type="checkbox"/>	Elementary PE	<input type="checkbox"/>	Recreation/Adventure Education
<input type="checkbox"/>	Equity, Diversity, & Inclusiveness	<input type="checkbox"/>	Technology

<input type="checkbox"/>	Employment Level
<input type="checkbox"/>	College/ University
<input type="checkbox"/>	District
<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Middle School
<input type="checkbox"/>	High School
<input type="checkbox"/>	Student
<input type="checkbox"/>	Retired

<input type="checkbox"/>	Undergraduate Students	<input type="checkbox"/>	Graduate Students
<input type="checkbox"/>	Freshman	<input type="checkbox"/>	Graduate Student
<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	
<input type="checkbox"/>	Junior	<input type="checkbox"/>	
<input type="checkbox"/>	Senior	<input type="checkbox"/>	Graduate Senior

<input type="checkbox"/>	Field Of Employment
<input type="checkbox"/>	Physical Education
<input type="checkbox"/>	Adapted Physical Ed
<input type="checkbox"/>	Health
<input type="checkbox"/>	Higher Education
<input type="checkbox"/>	Dance
<input type="checkbox"/>	Director, Principal, etc.

Anticipated Graduation: _____ Month _____ Year

Other: _____

**MEMBERSHIP LEVELS and BILLING INFORMATION
are located on THE BACK SIDE of this application**

New York State Association for Health, Physical Education, Recreation, and Dance, Inc.

Billing Information

Membership Level Fee: _____

(Review membership fees below. Credit card verses Check/ PO pricing.)

Check #: _____ **or** **Purchase Order #:** _____

Credit Card#: _____

Expiration: ____/____ **CVC#:** _____

Customer Signature

Date

By signing above, I authorize my credit card to be charged by NYS AHPERD, Inc.

Checks made payable to NYS AHPERD, Inc. Credit cards: Visa, MasterCard, and Discover.

NYS AHPERD does **NOT** Accept American Express Cards

Professional

Those engaged in the teaching of health education, physical education, recreation, dance programs, and individuals who support these programs.

Retiree

Any person who met the criteria for professional membership and is now retired as defined by NYS Retirement System.

Graduate

Students currently enrolled in a Graduate program studying health education, physical education, recreation, or dance and not currently teaching in the K-16 system.

Professional Council of Administrators

Professionals serving as a director, chairperson, or coordinator having responsibilities for health, and /or physical education and/or athletic programs.

Retired Council of Administrators

Retired Members having served as a director, chairperson, or coordinator having responsibilities for health, and /or physical education and/or athletic programs.

Undergraduate

Students currently enrolled in an Undergraduate program studying health education, physical education, recreation, or dance and not currently teaching in the K-16 system.

Membership Level- per year (fees based on payment type)

Professional Membership:	Check/PO: \$110	Credit Card: \$113.59
Professional Council of Administrators Membership:	Check/PO: \$135	Credit Card: \$139.34
3-year Professional Membership:	Check/PO: \$300	Credit Card: \$309.27
3-year Professional Council of Administrators Membership:	Check/PO: \$375	Credit Card: \$386.51
Retiree Membership:	Check/PO: \$40	Credit Card: \$41.50
Retiree Council of Administrators Membership:	Check/PO: \$65	Credit Card: \$67.25
Graduate Membership:	Check/PO: \$50	Credit Card: \$51.80
Undergraduate Membership:	Check/PO: \$40	Credit Card: \$41.50
Professional Membership: 12 Month Subscription	Monthly Charge	Credit Card: \$10.61

Monthly billing of the 12 MONTH SUBSCRIPTION can ONLY be cancelled AFTER 12 months of billing

Membership Level Definitions