



NCAAHPERD
Post Office Box 27751
Raleigh, NC 27611-27751
Phone: 888-840-6500
Fax: 888-840-6FAX (329)
Local Fax: 919-833-7700
ncaahperd@ncaahperd.org

NCAAHPERD Membership Form

Membership Information: [] New Member [] Renewing Membership

Membership Type:

- [] Professional Membership [] Affiliate Membership [] Associate Membership
[] Undergraduate Student Membership [] Graduate Student Membership [] Retired Membership

Membership Fees:

Professional, Affiliate, and Associate Membership \$30.00
Full Time Graduate Students/Retirees \$20.00
Undergraduate Students \$10.00

Association Preferences: Please choose both a first and a second preference.

First Preference:

- [] DANCE [] NCSMA
[] NCAAE [] PEA
[] NCAAHE [] Student Majors

Second Preference:

- [] DANCE [] NCSMA
[] NCAAE [] PEA
[] NCAAHE [] Student Major

Name and Personal Information: Prefix: [] Mr. [] Mrs. [] Ms. [] Dr.

First Name: Middle Name/Initial: Last Name:

Race: [] White/Caucasian [] African American [] Hispanic [] Native American
[] Asian/Pacific Islander [] Other

Gender: [] Male [] Female

Home Information:

Mailing/Street Address:

City: State: Zip:

County: Phone: Fax:

Email Address:

Do you want your contact information to be available online? Only name, city, email, and association preference will be listed. [] Yes [] No

Name of Member who asked you to join: (if applicable)

School/Work Information:

School/Employer: Mailing/Street Address:

City: State: Zip: Phone:

Employment Area: [] Elementary [] Middle School [] High School [] Community/Jr. College
[] College/University [] Private/Public Agency [] Central Office [] Health Promotion

Employment Type: [] Middle School Teacher [] Chairperson or Dean [] Coach [] Athletic Director
[] College Teacher [] Elementary Teacher [] Secondary Teacher [] Private Agency [] Retired

Payment Information:

Credit Card: Please provide the following information

[] MasterCard [] Visa

Expiration Date:

Total Due: \$

Amount Paid: \$

Card Number:

Check: [] Payable to NCAAHPERD

Please return completed membership form to:

Ron Morrow
Executive Director, NCAAHPERD
Post Office Box 27751
Raleigh, NC 27611-27751
Fax: 919-833-7700 or 888-840-6329
Email: ncaahperd@ncaahperd.org