



# TAHPERD

Promoting Healthy Lifestyles

# MEMBERSHIP APPLICATION

7910 Cameron Road • Austin, Texas 78754  
Ph:(512) 459-1299 • Fax:(512) 459-1290 • www.tahperd.org

<b>Name:</b> <input style="width:95%;" type="text"/>	<b>Work Phone Number:</b> <input style="width:95%;" type="text"/>
<b>ISD/University/Other Employer:</b> <input style="width:95%;" type="text"/>	<b>Home Phone Number:</b> <input style="width:95%;" type="text"/>
<b>Campus/School Name:</b> <input style="width:95%;" type="text"/>	<b>Cell Phone Number :</b> <input style="width:95%;" type="text"/>
<b>Home Mailing Address:</b> <input style="width:95%;" type="text"/>	<b>E-mail:</b> (Required for receiving HPERD Newsletters) <input style="width:95%;" type="text"/>
<b>City/State/Zip:</b> <input style="width:95%;" type="text"/>	<b>Ethnicity:</b> (For Grant Purposes) <input style="width:70%;" type="text"/> <b>Gender:</b> (For Grant Purposes) <input style="width:70%;" type="text"/>
<b>If a Previous TAHPERD Member:</b> <b>Member ID#:</b> <input style="width:150px;" type="text"/> <b>Expiration Date:</b> <input style="width:150px;" type="text"/>	<b>Birth Year:</b> (For Grant Purposes) <input style="width:150px;" type="text"/> <b>Teacher Certification Year:</b> <input style="width:150px;" type="text"/>

**PROFESSIONAL MEMBERS ONLY**  
*Instructions:* Please use the corresponding numbers in the columns below to select the best description in each category.

PRIMARY Job Description: _____	SECONDARY Interest: _____	
Classification: _____	Highest Degree Completed: _____	
Primary Interest: _____		

<b>PRIMARY Job Description:</b> (choose one) 1. Teacher/Professor 2. Athletic Coach 3. Athletic Trainer/Sports Medicine 4. Administrator 5. Teacher's Aide 6. Recreation/Parks Staff 7. Hospital/Clinic Staff 8. Private/Volunteer Agency 9. Corporate/Private Fitness 10. Other	<b>Classification:</b> (choose one) 1. Elementary 2. Middle School 3. Secondary 4. Community/Junior College 5. College/University 6. Government Office/Agency 7. Recreation/Parks 8. Other	<b>PRIMARY Interest:</b> (choose one) 1. Physical Education 2. Athletics 3. Research 4. Dance 5. Recreation 6. Health 7. Adapted/Special Programs 8. Administration 9. Other
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**SECONDARY Interest:**  
(choose one)

1. Physical Education
2. Athletics
3. Research
4. Dance
5. Recreation
6. Health
7. Adapted/Special Programs
8. Administration
9. Other

**Highest Degree Completed:**

1. Bachelors
2. Masters
3. Doctorate

**Please Check the Boxes that Apply:**

- My school has a School Health Advisory Council (SHAC)
- My SHAC meets on a regular basis
- I coordinate a Hoops for Heart event
- I coordinate a Jump Rope for Heart event
- I am a Physical Education Coordinator or similar Administrator
- I am a college majors club sponsor

**MEMBERSHIP OPTIONS (CHECK ONE)**

<input type="checkbox"/> Professional Membership (One Year) (Certified Teachers and Professionals)	\$ 48
<input type="checkbox"/> 5 yr. Professional Membership	\$ 209
<input type="checkbox"/> Associate Membership (Non-Certified Teachers and Personnel)	\$ 38
<input type="checkbox"/> Student-to-Professional Membership (2-year)	\$ 48
<input type="checkbox"/> Student Membership (Student MUST be a FULL-TIME student)	\$ 20
<input type="checkbox"/> Retired Membership (Contact TAHPERD State Office for eligibility criteria.)	\$ 20

**Payment Information**

Check enclosed payable to: TAHPERD

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**If Paying with a School Purchase Order  
Please Read the Following:**

Individual application forms for each attendee must be attached to all school purchase orders. All checks sent to the State Office by a school district must attach copies of each attendee's application form.

---->Original/Copy of original PO Required.  
 ---->Requisition or travel vouchers for P.O.'s are **NOT** accepted documentation.  
 ---->Billing Address **MUST** be on the purchase order.

FOR TAHPERD OFFICE USE ONLY:

CC AP# \_\_\_\_\_ PO # \_\_\_\_\_