



**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

Mailing Preference ~ Please Check One
(Students Must Check Their Home Address)

Name: _____

Maiden Name: _____ NYS AHPERD Member #, if any _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ @ _____

School District or College/University: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: _____

*To allow us to better meet the needs of our NYS AHPERD Membership,
at no additional cost, please check the three areas below that are of MOST interest
to you or select as many areas below as you like for an additional \$5.*

_____ Adapted Physical Education & Sport

_____ Exercise Science/Sports Medicine

_____ Aquatics Education.

_____ Health Education

_____ Coaches

_____ Higher Education/Professional Preparation

_____ Dance Education

_____ Recreation/Adventure Education

_____ Elementary/Middle School Physical Education

_____ Secondary Physical Education

Students: Check Below

Freshman Sophomore

Junior Senior

Anticipated Graduation
_____ month

_____ year

To determine your MEMBERSHIP LEVEL, please see reverse side.

Professional	\$99
Associate	\$99
Retiree	\$30
Graduate Student ~ Must be enrolled in graduate level courses and NOT employed at the professional level in the disciplines of Health, Physical Education, Recreation or Dance	\$45
Undergraduate Students	\$35

**We gladly accept Checks and Purchase
Orders (made payable to NYS AHPERD, Inc.)
or VISA and MasterCard.
Please forward this entire form and
payment to the address above.**

Membership Level Total: \$ _____

Council of Administrators Membership (\$15): \$
open to persons with an officially appointed, direct
administrative responsibility for PE, Health, Recreation or Dance _____

3 Interest areas included at no charge: \$ _____ **N/C**

Up to 7 additional Interest Areas (\$5): \$ _____

TOTAL DUE: \$ _____

Check Number: _____

Purchase Order Number: _____

Card Number : _____ Expiration Date: ____/____ Security Code # _____

I authorize this charge to this card ~ signature: _____

(Name as it Appears on Card)

JOIN YOUR PROFESSIONAL ASSOCIATION FOR:

Professional Development
Annual Conference
Zone Conferences and Workshops
Representation with Commissioner of Education, Board of Regents & Legislators
Program Advocacy/Job Security
Newsletters
Network with Colleagues
Members Only Website

Membership Level Definitions

Professional

Any professionally trained person meeting the requirements to teach Health, Physical Education, Recreation or Dance and is primarily engaged in the teaching or administration of Health, Physical Education, Recreation or Dance.

Associate

Any person not meeting the qualifications for Professional Membership but who is interested in the support of these programs. Coaches and Athletic Directors who are not certified to teach Health, Physical Education, Recreation or Dance specifically qualify.

Student

Any undergraduate student currently enrolled in a professional school of Health Education, Physical Education, Recreation or Dance. Any student currently enrolled in graduate level courses and NOT employed full time in the disciplines of Health, Physical Education, Recreation or Dance. (Anyone employed in a school district full time is viewed as a Professional Level member.)

Retired

Any person who met the criteria for Professional Membership and is now retired as defined by New York State Retirement System or its equivalent and is no longer actively engaged in the profession. Such membership shall carry full membership privileges.

NYS AHPERD DATABASE SECURITY POLICY

(Approved by the Executive Council 01/26/02)

Data collected on the NYS AHPERD membership application will be used for the promotion of programs and services to benefit the membership of the Association. Personal data (addresses, work and home telephone numbers, school affiliations, etc.) will be held electronically for the use of the Association. Upon request of Section and Zone personnel, mailing labels, member lists and/or telephone numbers and e-mail addresses will be provided for the purpose of specific interest area and regional programming announcements. If requested, mailing labels will be provided to Association vendors but only after evaluation, by the Executive Director, of the materials to be distributed, and only where the intent is to distribute information of professional value. Mailing labels are shared electronically with services that distribute Association publications. Such service providers are restricted in further use of said labels. Individual members may contact the Central Office to request that specific data be restricted from distribution at the local level.