



**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: _____

Home Address: _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ @ _____

Work, College/University Address: _____

School Name: _____

School Address: _____

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

Undergraduate and Graduate Students Only

Undergraduate Students: Check Below

- Freshman Sophomore
 Junior Senior

Anticipated Graduation _____ month
_____ year

Graduate Students: Check Below

- Graduate Student
 Graduate Senior

Anticipated Graduation _____ month
_____ year

To determine your MEMBERSHIP LEVEL, please see next page

Membership Level: _____ Total Due : \$ _____

Check Number: _____ Purchase Order Number: _____

Payments Accepted

Please forward this entire form and payment to the address above.

Checks and Purchase Orders (made payable to NYS AHPERD, Inc.)

Credit Cards: Visa, MasterCard, and Discover

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

**FEES NOTED ON BACK PAGE

I authorize this charge to this card ~ signature: _____
(Name as it Appears on Card)

JOIN YOUR PROFESSIONAL ASSOCIATION FOR:

*NYS AHPERD & Members Only Website
Professional Development
Zone Conferences and Workshops
Zone Newsletters
Technical Assistance
Job Opportunities
Member Discounts*

*Annual Statewide Conference
Program Advocacy
Networking with Colleagues
Health Education Tool Kit
Physical Education Tool Kit
\$1,000,000 General Liability Insurance Policy*

Membership Level Definitions

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)

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

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: 12Month Subscription	Monthly Charge	Credit Card: \$10.61
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Monthly billing of the Yearly Subscriptions can only be cancelled AFTER the first 12 months service

NYS AHPERD Database Security Policy

(Approved by the Executive Council 05/03/19)

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 and or e-mail addresses 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.