

**NEW MEXICO ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,
RECREATION AND DANCE
MEMBERSHIP APPLICATION**

Please Print or Type

Name Last _____ First _____ Initial _____

Home Address
Street _____ City _____ State _____ Zip _____

Work Address
Street _____ City _____ State _____ Zip _____

School/Agency _____ School District (if applicable) _____

Phone: (Work) _____ (Home) _____

E-Mail Address _____

New Member _____ Renewal _____ AAHPERD Member _____

PROFESSIONAL INTEREST AREA: (check all that apply)

Health _____	Exercise Science _____	Wellness _____
Physical Educ. _____	Athletics/Coaching _____	Fitness Industry _____
Recreation _____	Administration _____	Other _____
Dance _____	Sports Med./Phys. Ther. _____	
Adapted P.E. _____	Athletic Training _____	

TEACHING/WORK LEVEL: (check those that apply)

Early Childhood _____	Community College _____	Business _____
Elementary _____	University _____	Other _____
Mid. School _____	Retired _____	
High School _____	Full Time Stud. _____	

MEMBERSHIP DUES: (check one)

_____ Professional (\$40.00)
 _____ Professional (FREE) (If you coordinated a JRFH event that raised \$1500.00 during last year)
 _____ Student (\$10.00) (advisor verification/institution) _____
 _____ Associate (\$20.00) (professionals in non HPERD fields) (Non Voting)
 _____ Retired (\$20.00) (Retired from HPERD Field)
 _____ Emeritus (FREE) (Must meet criteria)

How many years have you been a NMAHPERD Member? _____

GET INVOLVED ... MAKE A DIFFERENCE IN NMAHPERD

(Check those that you are interested in)

NMAHPERD Board _____	Convention Planning _____	Jump Rope for Heart _____
Public Rel./Advocacy _____	Convention Program _____	Convention Presenter _____
Traveling Team Presenter _____	College Recruitment _____	Legislative Network _____

THANK YOU! PLEASE RETURN COMPLETED MEMBERSHIP FORM AND CHECK

PAYABLE TO:

NMAHPERD
 PO Box 27040
 Albuquerque, NM 87125-7040
 Fax: 1-866-439-1683