



TAHPERD

Promoting Healthy Lifestyles

MEMBERSHIP APPLICATION

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

Name: <input type="text"/>	Work Phone Number: <input type="text"/>	
ISD/University/Other Employer: <input type="text"/>	Home Phone Number: <input type="text"/>	
Campus/School Name: <input type="text"/>	Cell Phone Number : <input type="text"/>	
Home Mailing Address: <input type="text"/>	E-mail: (Required for membership) <input type="text"/>	
City/State/Zip: <input type="text"/>	Ethnicity: (For Grant Purposes) <input type="text"/>	Gender: (For Grant Purposes) <input type="text"/>
If a Previous TAHPERD Member: Member ID#: <input type="text"/> Expiration Date: <input type="text"/>	Birth Year: (For Grant Purposes) <input type="text"/>	Teacher Certification Year: <input 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: _____

Classification: _____

Primary Interest: _____

PRIMARY Job Description: (choose one)	Classification: (choose one)	PRIMARY Interest: (choose one)
1. Teacher/Professor	1. Elementary	1. Physical Education
2. Athletic Coach	2. Middle School	2. Athletics
3. Athletic Trainer/Sports Medicine	3. High School	3. Research
4. Administrator	4. Community/Junior College	4. Dance
5. Teacher's Aide	5. College/University	5. Recreation
6. Recreation/Parks Staff	6. Recreation/Parks	6. Health
7. Other	7. Other	7. Adapted/Special Programs
		8. Administration
		9. Other

MEMBERSHIP OPTIONS (CHECK ONE)

<input type="checkbox"/> Professional Membership (One Year) (Certified Teachers and Professionals)	\$ 60
<input type="checkbox"/> 5 yr. Professional Membership	\$ 261
<input type="checkbox"/> Associate Membership (Non-Certified Teachers and Personnel)	\$ 50
<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: _____

Please Check the Boxes that Apply:

I am a Physical Education Coordinator or similar Administrator

FOR TAHPERD OFFICE USE ONLY:

CC AP# _____ PO # _____

**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 TAHPERD 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.