



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: _____

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|---|--|--|
| 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 |

Please Check the Boxes that Apply:

I am a Physical Education Coordinator or similar Administrator

FOR TAHPERD OFFICE USE ONLY:

CC AP# _____ PO # _____

MEMBERSHIP OPTIONS (CHECK ONE)

- Professional Membership (One Year) (Certified Teachers and Professionals) \$ 70
- 5 yr. Professional Membership \$ 304.50
- Associate Membership (Non-Certified Teachers and Personnel) \$ 60
- Student Membership (Student MUST be a FULL-TIME student) \$ 20
- Retired Membership \$ 30 (Contact TAHPERD Office for eligibility criteria.)

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 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.