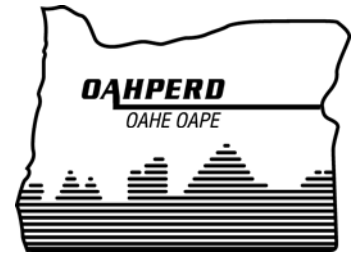


OAHPERD
Membership Application



Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ Work: _____
 E-mail: (winter) _____ (summer) _____
 School/Agency: _____

ASSOCIATION MEMBERSHIP

Student Members check one Association. Professional Members Check two Associations, you may check an Association twice. This determines the portion of your dues that each Association receives. Add \$5 for each additional Association.

1 ST check	2 nd check
_____	_____
_____	_____
_____	_____
_____	_____

- OAHE (Health Education)
- OAPE (Physical Education)
- OAAS (Athletics & Sports)
- ODA (Dance)

Please indicate your area of interest:

_____ Elementary	_____ Middle	_____ Secondary
_____ Adult Ed	_____ Higher Ed	_____ Agency
_____ Fitness	_____ Special Needs	_____ Seniors
_____ Corporate Programming		

Membership Type: (check one)

_____ Professional (\$30)	_____ Student (\$5)	_____ Retired (\$5)
_____ Additional Associations (\$5)		_____ Advocacy

AMOUNT ENCLOSED or pay by PAYPAL: _____

Membership application does not include conference registration: Membership is for one calendar year from the date of payment.

Make checks payable to OAHPERD

Mail to:
 OAHPERD
 P.O. Box 143
 Lostine, OR 97857
oahperd@gmail.com