

OAHPERD
Membership Application

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ Work: _____
E-mail: _____
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: _____

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

5394 Summerlake St SE

Salem, OR 97306

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503-316-8821