



The Ohio Association for Health,
Physical Education, Recreation, and Dance

OAHPERD Membership Application

Member Type:

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> 1 Year Professional | \$50 | <input type="checkbox"/> Student | \$25 |
| <input type="checkbox"/> 2 Year Professional | \$95 | <input type="checkbox"/> Institutional Student | \$20* |
| <input type="checkbox"/> 3 Year Professional | \$140 | <input type="checkbox"/> Senior Student | \$40 |
| <input type="checkbox"/> First-Time Professional | \$35 | <input type="checkbox"/> Institutional Member | \$200 |
| <input type="checkbox"/> Retired | \$25 | | |

**Students—receive a \$5 discount if your institution is a member of OAHPERD. Please verify membership before mailing in registration.*

Select One:

- New Member Renewal

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School/Organization: _____

Division (Rank 1-3)

- | | |
|---|--|
| <input type="checkbox"/> Adult Development | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Sports Sciences |
| <input type="checkbox"/> Health | <input type="checkbox"/> Student Division |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Whole Child/Coordinated School Health |
| <input type="checkbox"/> Physical Education | |

Payment:

- Check enclosed
- Visa MasterCard Discover AmEx

Card Number: _____

Expiration Date: ____/____ 3-Digit Security Code on Back: _____

Signature: _____

Mail to:

OAHPERD, 17 South High Street, Suite 200, Columbus, OH 43215

Questions? Call 614-221-1900, Fax 614-221-1989, or email OAHPERD@AssnOffices.com

www.ohahperd.org