



# AAHPERD Institutional Membership Application

Membership available to K-12 Schools

**YES**, I want to register my school as an Institutional Member. Please send the Associations I've selected my schools information and begin our subscription to Update and the professional journal(s) I've checked below.

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work Phone Fax

## Designate Your Teachers

School may sign up to 4 individuals. Person in line #1 will be the designated individual to receive publication(s).

1. Name \_\_\_\_\_

E-Mail \_\_\_\_\_

2. Name \_\_\_\_\_

E-Mail \_\_\_\_\_

3. Name \_\_\_\_\_

E-Mail \_\_\_\_\_

4. Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Your satisfaction is 100% guaranteed. Cancel any time and you'll receive a full refund on all the months remaining on your membership. **Join AAHPERD with confidence!**

## Customize your membership

### Choose your Associations

Membership includes membership in any two Associations. Please prioritize your choices.

- American Association for Physical Activity and Recreation
- American Association for Health Education
- National Association for Girls and Women in Sport
- National Association for Sport and Physical Education
- National Dance Association

### Choose your Professional Journals

- Strategies, A Journal for Physical and Sport Educators*
- Journal of Physical Education, Recreation & Dance*
- American Journal of Health Education*
- Research Quarterly for Exercise and Sport*

School receives a subscription to one professional journal with membership in AAHPERD. Subscriptions to additional journals are only \$25 each per year.

### Figure Dues

AAHPERD Institutional Membership \$ \$200

Additional Professional Journals (\$25 Each) \$ \_\_\_\_\_

Foreign Postage (*Outside U.S. & Canada add \$8 per journal including Update.*) \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

### Payment Options

- A check is enclosed for an Institutional Membership.
- A purchase order is enclosed
- Please charge my  VISA  MASTERCARD  AMEX

Card No

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For Office Use Only
DepDt: _____
Ck #: _____
Amt: _____

**MAIL TO:**  
American Alliance for Health, Physical Education, Recreation and Dance  
1900 Association Drive, Reston, VA 20191-1598  
Phone: 800-213-7193 • Fax: 703-476-9527 • membership@aahperd.org • http://www.aahperd.org

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