



Membership Application

Questions? Email services@tahperd.org

First & Last Name: _____ Birthdate: _____

ISD | University | Other Employer: _____

Campus | School Name: _____

Home Address: _____

City, ST ZIP: _____

Cell Phone Number: _____

Email Address: _____

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: _____

PRIMARY Job

Description:

(choose one)

1. Teacher/Professor
2. Athletic Coach
3. Athletic Trainer/Sports Medicine
4. Administrator
5. Teacher's Aide
6. Recreation/Parks Staff
7. Other

Classification:

(choose one)

1. Elementary
2. Middle School
3. High School
4. Community/Junior College
5. College/University
6. Recreation/Parks
7. Other

PRIMARY Interest:

(choose one)

1. Physical Education
2. Athletics
3. Research
4. Dance
5. Recreation
6. Health
7. Adapted/Special Programs
8. Administration
9. Other

MEMBERSHIP OPTIONS

(CHECK ONE)

Professional Membership (One Year) \$ 70
(Certified Teachers and Professionals)

5 yr. Professional Membership \$ 304.50

Associate Membership \$ 60
(Non-Certified Teachers and Personnel)

Student Membership \$ 20
(Student MUST be a FULL-TIME student)

Retired Membership \$ 30
(Contact TAHPERD Office for eligibility criteria.)

Please enter membership application information and payment online at www.tahperd.org. Select JOIN TAHPERD from the home page to review the membership types and select JOIN TAHPERD again to begin the application process.