



**New York State Association for Health,  
Physical Education, Recreation and Dance, Inc.**

77 North Ann Street ♦ Little Falls, New York 13365

Phone: 315.823.1015 ♦ Toll Free: 1.877.473.7398 ♦ Fax: 315.823.1012

Website: www.nysahperd.org ♦ Email: nysahperd@nysahperd.org

**Mailing Preference ~ Please Check One**  
(Students Must Check Their Home Address)

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ NYS AHPERD Member #, if any \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

School District or College/University: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_

*To allow us to better meet the needs of our NYS AHPERD Membership,  
at no additional cost, please check the three areas below that are of MOST interest  
to you or select as many areas below as you like for an additional \$5.*

\_\_\_\_\_ Adapted Physical Education & Sport

\_\_\_\_\_ Aquatics Education.

\_\_\_\_\_ Coaches

\_\_\_\_\_ Council of Administrators - open to persons  
with an officially appointed, direct administrative  
responsibility for PE, Health, Recreation or Dance

\_\_\_\_\_ Dance Education

\_\_\_\_\_ Elementary/Middle School PE

\_\_\_\_\_ Exercise Science/Sports Medicine

\_\_\_\_\_ Health Education

\_\_\_\_\_ Higher Education/Professional Preparation

\_\_\_\_\_ Recreation/Adventure Education

\_\_\_\_\_ Secondary Physical Education

**Students: Check Below**

Freshman  Sophomore

Junior  Senior

Anticipated Graduation  
\_\_\_\_\_ month

\_\_\_\_\_ year

**To determine your MEMBERSHIP LEVEL, please see reverse side.**

Professional .....	\$99
Associate .....	\$99
Retiree .....	\$30
Graduate Student ~ Must be enrolled in graduate level courses and NOT employed at the professional level in the disciplines of Health, Physical Education, Recreation or Dance .....	\$45
Undergraduate Students .....	\$35

**We gladly accept Checks and Purchase  
Orders (made payable to NYS AHPERD, Inc.)  
or VISA and MasterCard.  
Please forward this entire form and  
payment to the address above.**

**Membership Level Total: \$** \_\_\_\_\_  
**3 Interest areas included at no charge: \$** \_\_\_\_\_ N/C  
**Up to 8 additional Interest Areas (\$5): \$** \_\_\_\_\_  
**TOTAL DUE: \$** \_\_\_\_\_

Check Number: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Card Number : \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code # \_\_\_\_\_

I authorize this charge to this card ~ signature: \_\_\_\_\_

(Name as it Appears on Card)

## **JOIN YOUR PROFESSIONAL ASSOCIATION FOR:**

*Professional Development*  
*Annual Conference*  
*Representation with Commissioner of Education, Board of Regents & Legislators*  
*Program Advocacy/Job Security*  
*Newsletters*  
*Network with Colleagues*  
*Members Only Website*

### **Membership Level Definitions**

#### **Professional**

Any professionally trained person meeting the requirements to teach Health, Physical Education, Recreation or Dance and is primarily engaged in the teaching or administration of Health, Physical Education, Recreation or Dance.

#### **Associate**

Any person not meeting the qualifications for Professional Membership but who is interested in the support of these programs. Coaches and Athletic Directors who are not certified to teach Health, Physical Education, Recreation or Dance specifically qualify.

#### **Student**

Any undergraduate student currently enrolled in a professional school of Health Education, Physical Education, Recreation or Dance. Any student currently enrolled in graduate level courses and NOT employed full time in the disciplines of Health, Physical Education, Recreation or Dance. (Anyone employed in a school district full time is viewed as a Professional Level member.)

#### **Retired**

Any person who met the criteria for Professional Membership and is now retired as defined by New York State Retirement System or its equivalent and is no longer actively engaged in the profession. Such membership shall carry full membership privileges.

#### **NYS AHPERD DATABASE SECURITY POLICY**

(Approved by the Executive Council 01/26/02)

Data collected on the NYS AHPERD membership application will be used for the promotion of programs and services to benefit the membership of the Association. Personal data (addresses, work and home telephone numbers, school affiliations, etc.) will be held electronically for the use of the Association. Upon request of Section and Zone personnel, mailing labels, member lists and/or telephone numbers and e-mail addresses will be provided for the purpose of specific interest area and regional programming announcements. If requested, mailing labels will be provided to Association vendors but only after evaluation, by the Executive Director, of the materials to be distributed, and only where the intent is to distribute information of professional value. Mailing labels are shared electronically with services that distribute Association publications. Such service providers are restricted in further use of said labels. Individual members may contact the Central Office to request that specific data be restricted from distribution at the local level.