

# WVAHPERD MEMBERSHIP FORM

Name \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

## Areas of Interest

\_\_\_\_ Physical Education  
\_\_\_\_ Health  
\_\_\_\_ Recreation  
\_\_\_\_ Dance  
\_\_\_\_ Athletics/Athletic Training  
\_\_\_\_ Coaching

## Areas of Employment

\_\_\_\_ Primary  
\_\_\_\_ Secondary  
\_\_\_\_ College/University  
\_\_\_\_ Student

AAHPERD Member \_\_\_Yes \_\_\_No

AAHPERD Membership # \_\_\_\_\_

## Membership Category

\_\_\_\_ Student    \_\_\_\_ Associate    \_\_\_\_ Professional    \_\_\_\_ Life    \_\_\_\_ JRFH/HOOPS  
\$10.00        \$10.00        \$20.00        \$150.00       Complimentary

Membership referred by: \_\_\_\_\_

Return to:

Bruce Wilmoth  
PO Box 6116  
Morgantown, WV26506-6116