



## NJAPERD STUDENT MEMBERSHIP APPLICATION

(To complete this form tab to each shaded area, click to check boxes, mail to address below)

To complete this form on line, tab to each shaded area, click to check boxes. Mail to address below.

Check one:    Renewal     New Member

Last Name	First	M.I.
Preferred mailing address		
City	State	Zip
County		
Telephone		
Preferred E-Mail		
College/University		
Anticipated year of graduation		

### PRIMARY AFFILIATION (*Choose One Only*)

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Health               | 5. <input type="checkbox"/> Dance                      |
| 2. <input type="checkbox"/> Recreation           | 6. <input type="checkbox"/> All HPERD                  |
| 3. <input type="checkbox"/> Sports and Athletics | 7. <input type="checkbox"/> Adapted Physical Education |
| 4. <input type="checkbox"/> Physical Education   | 8. <input type="checkbox"/> Other                      |

- Send information regarding American Heart Association Hoops/Jump for Heart Events.
- I would like to volunteer as a Student Division committee member or officer.
- I am interested in presenting a program at a workshop, conference or convention.

### MEMBERSHIP CLASSIFICATIONS/FEEES

- |   |   |
|---|---|
| 3. <input type="checkbox"/> \$10 Student              | 5. <input type="checkbox"/> \$1000 Life Member, may be paid in three installments 1st Payment \$350, 2nd Payment \$350 four months later. Final Payment \$300, four months later. |
| 4. <input type="checkbox"/> \$25 College Senior-2 yr. |   |

### MAKE CHECK PAYABLE TO: NJAPERD

Email: njahperd@verizon.net  
 732.918.9999 Phone  
 732.918.2211 Fax

### MAIL TO:

NJAPERD  
 P.O. BOX 2283  
 OCEAN, NJ 07712

FOR OFFICE USE: Date Rec'd _____ Check/PO # _____ Am't _____ Exp Date _____ 11/07
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