



MEMBERSHIP APPLICATION

Name: _____
 (print) (First) (Initial) (Last)

Phone: Home/Cell: _____

Business: _____

Address: _____
 (Street)

 (City) (State) (Zip)

Email: _____
 (Members emails are automatically added to the OAHPERD listserv)

School/Agency: _____

Check if you do not want your personal information printed in the OAHPERD Directory.

Professional Interest Area: (Check those that apply)

Employment / Teaching Level:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adapted | <input type="checkbox"/> Health/Physical Education | <input type="checkbox"/> Elementary | <input type="checkbox"/> College / University |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Recreation | <input type="checkbox"/> Secondary | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Community College | |
| <input type="checkbox"/> Dance | Other: _____ | | |

Geographical Area:

- | | |
|---|--|
| <input type="checkbox"/> Metro (Canadian, Cleveland, Oklahoma Counties) | <input type="checkbox"/> NE (North of I-40 and East of I-35) |
| <input type="checkbox"/> SW (South of I-40 and West of I-35) | <input type="checkbox"/> NW (North of I-40 and West of I-35) |
| <input type="checkbox"/> SE (South of I-40 and East of I-35) | |

2017 OAHPERD CONVENTION REGISTRATION

OCTOBER 16-17, 2017

Nigh Conference Center @ University of Central Oklahoma, Edmond, OK

Postmark No Later than September 25, to pre-register

All October 2016 to October 2017 Memberships Expire September 30, 2017

Monday and Tuesday Convention Registration

(Must be a member to attend)

<u>Membership Dues:</u>	<u>Convention Fee Schedule:</u>	
<input type="checkbox"/> \$35 Professional	Pre-registration	On-Site
<input type="checkbox"/> \$15 Student (Graduate Students Must be enrolled full-time)	\$60	\$70 Professional
<input type="checkbox"/> \$15 Retired	\$15	\$20 Student
<input type="checkbox"/> \$00 (\$2,000. Plus, JHFH Coordinator)		
<input type="checkbox"/> \$00 Emeritus (Professional Member 25 years, Retired and at least 62 years of age)		
\$ _____ Membership Total	\$ _____ Convention Fee Total	

GRAND TOTAL: \$ _____

Make Checks payable to OAHPERD, mail to:
 Dr. Donna Cobb,
 1722 Kings Rd.
 Edmond, OK. 73013

CONVENTION HOTEL INFORMATION:
 LaQuinta Inn & Suites: 405- 513-5353
 Holiday Inn Express: 405-844-3700
 Check OAHPERD website for more information: www.oahperd.org