

# Institutional Membership APPLICATION FORM



**YES!** We want to join  
SHAPE America!

## 4 EASY WAYS TO JOIN

**MAIL:** SHAPE America, PO Box 17040, Baltimore, MD 21298-8910

**FAX:** 703-476-9527

**PHONE:** 800-213-7193

**EMAIL:** membership@shapeamerica.org

### 1 CONTACT INFORMATION

Primary Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

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

**Additional Members:** (Up to three available at no additional cost)

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please omit our postal address from the mailing list SHAPE America makes available to other organizations. SHAPE America does not rent email addresses.

### 2 EMPLOYMENT SETTING

Elementary School  Middle School  High School  College/University  Government  Other: \_\_\_\_\_

### 3 CALCULATE YOUR SHAPE AMERICA MEMBERSHIP DUES

Available to K–12 schools and institutions, this category of member cannot vote in elections or on SHAPE America matters.

**Institutional Membership – \$229** \$ \_\_\_\_\_

Additional Professional Journals – \$35 each \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

If a journal is mailing internationally, please add the following postage to your total:  
1 journal \$24, 2 journals \$36, 3 journals \$48, 4 journals \$60.

### 4 CHOOSE YOUR JOURNAL

One hard copy included with membership (mailed to the Primary Contact). The additional members will have access to the journal online. Additional publications are \$35 each year.

- American Journal of Health Education*  
 *Journal of Physical Education, Recreation and Dance (JOPERD)*  
 *Research Quarterly for Exercise and Sport*  
 *Strategies: A Journal for Physical and Sport Educators*

### 5 METHOD OF PAYMENT

Check payable to SHAPE America  School Purchase Order PO# \_\_\_\_\_ (School PO must be attached.)

Credit card:      

**Automatic membership payment\***

**One time payment**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

\* I authorize SHAPE America on an automatic basis annually to renew my membership and charge the applicable membership fees to the credit card submitted.

**Join SHAPE America with confidence! Your satisfaction is 100% guaranteed. Cancel at any time within your first year, and you'll receive a full refund for the remaining months on your membership.**

For complete details regarding SHAPE America membership benefits, please visit us online at [shapeamerica.org/membership](http://shapeamerica.org/membership) or call 800-213-7193.

