Retired Membership
APPLICATION FORM

☐ Yes! I want to remain a valued member of SHAPE America — the nation’s premier professional community of health and physical educators.

☐ Dr.  ☐ Mr.  ☐ Ms.  ☐ Mrs.  Name: __________________________________________

Please Note: You must be, or have been, a member for at least 20 consecutive years, and fully retired from teaching in order to qualify for a Retired Membership.

1 HOME ADDRESS

Address: ____________________________________________________________________________________________________

City/State/Zip: ______________________________________________________________________________________________

Home Phone: ________________________________________________________________________________________________

Email Address: ______________________________________________________________________________________________

Former Title: _________________________________________________________________________________________________

Former Area of Employment: ___________________________________________________________________________________

Are/Were You a National Board Certified Teacher?  ☐ Yes  ☐ No

2 CUSTOMIZE YOUR MEMBERSHIP

Please select the content areas most applicable to your interests.

☐ Physical Education  ☐ Physical Activity  ☐ Health Education  ☐ Sport and Coaching  ☐ Dance  ☐ Research

3 CHOOSE YOUR PROFESSIONAL JOURNALS

Retired membership includes online access to one professional journal. Subscriptions to additional journals are only $35 each per year.


4 CALCULATE YOUR SHAPE AMERICA MEMBERSHIP DUES

Retired Membership Annual Dues – $59 $ _____________

Additional Professional Journals – $35 each $ _____________

TOTAL DUE $ _____________

5 PAYMENT OPTIONS

☐ My check for membership is enclosed.

☐ Charge my: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

☐ 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.