

Student Membership APPLICATION FORM



Yes! I want to become a part of the nation's premier professional community of health and physical educators.

I believe membership will help me make an important difference in my school, community and career.

Mr. Ms. Mrs. Name: _____

Please Note: Membership is for full-time students enrolled in an accredited college or university.

1 SCHOOL ADDRESS

School Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

School ID #: _____

Professor's Name/Email: _____

Degree Pursuing: _____

2 HOME ADDRESS

Address: _____

City/State/Zip: _____

Home Phone: _____

Preferred Membership Mailing Address: School Home

CUSTOMIZE YOUR MEMBERSHIP

Please select the content areas most applicable to your interests.

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

CHOOSE YOUR PROFESSIONAL JOURNALS

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

3 CALCULATE YOUR SHAPE AMERICA MEMBERSHIP DUES

Student Membership Annual Dues – \$59 \$ _____

Additional Professional Journals – \$35 each \$ _____

TOTAL DUE \$ _____



4 PAYMENT OPTIONS

- My check for membership is enclosed.
 My purchase order is enclosed.

Charge my:   

- 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.

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

PHONE: 800-213-7193, ext. 1490

FAX: 703-476-9527

EMAIL: membership@shapeamerica.org

WEB: shapeamerica.org