Student Membership



APPLICATION FORM

I believe membership will help me make an important differend ☐ Mr. ☐ Ms. ☐ Mrs. Name:	is an my soliton, community and career.
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:	
a Home appear	
2 HOME ADDRESS	
Address:	
City/State/Zip:	
Home Phone:	
Preferred Membership Mailing Address: ☐ School ☐ H	Home
CUSTOMIZE YOUR MEMBERSHIP	CHOOSE YOUR PROFESSIONAL JOURNALS
Please select the content areas most applicable to your interest	ts. Student membership includes online access to one professional journal. Subscriptions to additional journals are only \$35 each per year.
 □ Physical Education □ Physical Activity □ Dance □ Health Education □ Research 	☐ American Journal of Health Education
	 ☐ 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	4 PAYMENT OPTIONS
Student Membership Annual Dues – \$59 \$	My check for membership is enclosed.My purchase order is enclosed.
Additional Professional Journals – \$35 each \$	
Promo Code (if applicable): less \$	
TOTAL DUE \$	Card Number:
Health Education Research Quarterly for Exercise and Sport for Institution of the Control of th	IES Exp. Date: /
	Name on Card:
	Signature:
Remote Re	* 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.

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