

Professional Membership APPLICATION FORM

4 EASY WAYS TO JOIN:

WEB: shapeamerica.org/membership

PHONE: 800-213-7193 or 703-476-3400

EMAIL: membership@shapeamerica.org

MAIL: SHAPE America, PO Box 225, Annapolis Junction, MD 20701

CONTACT INFORMATION

Name: _____

Job Title: _____

School/Place of Employment: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Email Address: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Preferred Mailing Address ☐ Business ☐ Home

☐ Please check here if you are a National Board Certified Teacher.

☐ SHAPE America makes its membership mailing list available for rental to companies that feel SHAPE America members would benefit from the products and services they offer. If you don't want your name made available, please check the box.

SELECT YOUR MEMBERSHIP TYPE AND PAYMENT METHOD

- ☐ **PREMIER Professional:** All four journals included (2 print/4 online)..... **BEST VALUE** **\$209/year**
- ☐ **SELECT Professional:** one print and online journal included \$139/year
- ☐ **BASIC ONLINE Professional:** one online journal included \$79/year

Subscriptions to additional journals are only \$35 each per year..... \$ _____

Promo Code (if applicable): _____ less \$ _____ = **TOTAL \$** _____

ANNUAL MEMBERSHIP 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.

Customize Your Membership

Please select the content areas most applicable to your work and interests.

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

SHAPE America Special Interest Groups (SIGs)

Check all that apply.

- ☐ Adapted PE/PA
☐ C/U PA Programs
☐ CSPAP Research
☐ C/U Curriculum & Instruction
☐ Diversity and Inclusiveness
☐ Education-Based Employee Wellness
☐ HPE State/District Administration
☐ Measurement & Evaluation
☐ Retirees
☐ Students

My Primary Responsibility is

Please check one.

- ☐ Administrator ☐ Nurse
☐ Athletic Director ☐ PE & Health Education Teacher
☐ Athletic Trainer ☐ PE Teacher
☐ Coach ☐ Principal
☐ Consultant ☐ Professor
☐ Dance Educator ☐ Program Director
☐ Education Admin ☐ Research
☐ Fitness Instructor ☐ Self-Employed
☐ Health Ed Teacher ☐ Sports Official
☐ Intramural Sports Director ☐ Therapist

Choose Your Professional Journals



- ☐ *Journal of Physical Education, Recreation and Dance (JOPERD)*
☐ *American Journal of Health Education*
☐ *Research Quarterly for Exercise and Sport*
☐ *Strategies: A Journal for Physical and Sport Educators*
☐ I would like to receive hard copy versions of my journal(s)