Iowa IAHPERD Membership Registration

Checks payable to: Iowa AHPERD

Mail to: Iowa AHPERD
PO Box 48
Waukee, IA 50263

NAME : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Circle your level: Student Professional Retired

Students - College/University that you are attending: _____

Professionals - School District you are affiliated with: _____

Circle what do you teach: Physical Education Adaptive Physical Education

Health College Level Other: _____

Membership Type:

_____ $0 First Year Membership (Steve France Memorial)

_____ $35 1 Year Professional Membership

_____ $84 3 Year Professional Membership

_____ $15 Yearly Student Membership

_____ $0 Retired Membership (previous IAHPERD Member for 10 years)

_____ $420 Lifetime Membership