

**MEMBERSHIP APPLICATION**  
**OKLAHOMA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE**

Name: \_\_\_\_\_  
(print) (First) (Initial) (Last)

Phone: Home: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

Mobile: \_\_\_\_\_

Business: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

FAX: \_\_\_\_\_

School/Agency: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check if you do not want your personal information printed in the OAHPERD Directory.

**Professional Interest Area (Check those that apply)**

Athletics  Health, Physical Education

Adapted  Recreation  Dance

Administration  Other \_\_\_\_\_

**Teaching/Employment Level**

Elementary  Secondary  Junior College

College/University  Other

**Geographical Area**

Metro (Canadian, Cleveland, Oklahoma Counties)

NE (North of I-40 and East of I-35)

SW (South of I-40 and West of I-35)

NW (North of I-40 and West of I-35)

SE (South of I-40 and East of I-35)

**Membership Dues**

(Check One-Does not include Convention Registration)

\$35 Professional

\$15 Student (Graduate Students Must be enrolled full-time)

\$15 Retired

\$0 Emeritus (Professional member 25 years)

\$ \_\_\_\_\_ Membership Total

**Make Checks payable to OAHPERD, email or print and mail to:**

Dr. Mark Giese, Northeastern State University,  
Department of Health and Kinesiology  
603 North Grand Avenue  
Tahlequah, OK 74464-7099