

**HAWAII ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,  
RECREATION, AND DANCE  
Membership Application Form**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
School/District/Position \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

*(Preferably your home email)*

Select Membership Type: *(Make check payable to HAHPERD)*

<input type="checkbox"/> Life	\$150.00
<input type="checkbox"/> Professional	\$10.00
<input type="checkbox"/> Institutional	\$10.00
<input type="checkbox"/> Associate	\$10.00
<input type="checkbox"/> Student	\$5.00

Mail this form with check to:

**Barbara Perry, 2720 Kamaikai Street, Honolulu, HI 96819**

*(Date \_\_\_\_\_ Recorded \_\_\_\_\_ Card Sent \_\_\_\_\_ Treasurer's Receipt # \_\_\_\_\_)*