

South Carolina Alliance for Health, Physical Education, Recreation and Dance



**Membership for Students in Grades K-12
to participate in any SCAHPERD/SCDA sponsored event**

All professionals and students must be a member of SCAHPERD to participate in a sponsored event.

This membership fee does not include registering for the conference/festival/convention or workshop sponsored by SCAHPERD and Associations of SCAHPERD

Membership is for one year

Please choose from the following options:

Option 1: Individual student membership

Students in grades K-12 can be a SCAHPERD member for \$5.00 per student per year. Students opting for this membership are not eligible for mailed information throughout the year; however, they are eligible to receive informational emails, emails regarding the newsletters and convention program if they provide an email. One instructor from the studio or institution must be a current SCAHPERD member (go to www.SCAHPERD.org for membership information. The instructor or teacher from the studio/school should send in all names and check(s) at one time for the group.

College students must become a full student member of the FPSC Association which can be done on-line through www.SCAHPERD.org.

Name of School or Studio _____

Address _____

Phone # _____

Professional Contact _____

Option 2: Institutional Membership

K-12 institutions/studios and arts organizations can become members of SCAHPERD to include one teacher/professional membership and up to 30 students for a flat fee of \$135. The professional representative will receive all informational materials throughout the year on behalf of all members of that institution/organization.

Name of School/studio/organization _____

Address _____

Phone # _____

Name of Professional Contact _____

*Please attach the list of names, grade level, and email (email for **option1**) who will be attending the sponsored event.*

Membership Option 1: ___ \$5 per student
 Option 2: ___ \$135 for School/studio or arts organization
 Total amount paid \$ _____



Mail Membership Form and Payment To:
 SCAHPERD
 1301 Columbia College Drive
 Columbia ♥ South Carolina ♥ 29203
 Voice 803-786-3384 ♥ Fax: 803-786-3386
 Email: SCAHPERD@colacoll.edu
 Website: www.scahperd.org

Purchase Order Number: _____
Make Checks Payable to SCAHPERD Check Number: _____ Note: There will be a \$25.00 returned check fee. SCAHPERD is not responsible for accidents or injuries that may occur during convention sessions.
Credit Cards Accepted: Visa Master American Express Card Number: _____ / _____ / _____ / _____ Expiration Date: _____ / _____ A \$1.00 credit card processing fee is added when using a credit card. Signature: _____

For office use only:	
Membership number _____	
Amount _____	Payment number (PO) _____
Check _____	Transfer to Association _____
Type _____ institutional	_____ individuals K-12