



Wisconsin Health and Physical Education

## Membership Form

### I. General Information

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Membership Type (Select One):  Current  New  Renewal of Expired Membership

### II. Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### III. Students Only

School Attending: \_\_\_\_\_

Year (Select One):  Freshman  Sophomore  Junior  Senior  Graduate

### IV. Primary Area of Interest (Select One)

Health - H  Sports & Athletics - A  Physical Education - P  Student - S

Dance - D  Recreation - R  APE (Adapted Physical Education)  General - G

### V. District and Membership Type

#### District (Select One)

- SE Southeast District - CESA Districts 1 & 2
- SW Southwest District - CESA Districts 3 & 4
- C Central District - CESA Districts 5, 6, & 7
- NE Northeast District - CESA Districts 8 & 9
- NW Northwest District - CESA Districts 10, 11, & 12

#### Membership Type (Select One)

- Lifetime (\$600)
- Professional (\$80)
- Associate (\$80)
- Student (\$35)
- Undergraduate Student 5-year Membership (\$99)
- Retired (\$20)
- JRFH/Hoops Coordinator (\$40)



Print this form and send by mail (with payment) to:

WHPE  
24 Mitchell Hall  
1725 State Street  
La Crosse, WI 54601-3788

*Make Checks Payable to: WHPE*

#### OFFICE USE ONLY

EXP. DATE	_____
Date Rec'd	_____
CK#	_____
Amt. PD	_____