



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)  
 Retired - Paid for Life (\$100)

Current District of employment: \_\_\_\_\_



**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 \_\_\_\_\_