

REMINDER!

YOU CAN APPLY/RENEW AT WWW.SHAPEMICHIGAN.ORG!

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SHAPE Michigan

Society of Health and Physical Educators
P. O. Box 27187
Lansing, Michigan 48909



Membership Application/Renewal Form

New Member? _____ Renewal? _____

JRFH/HFH Coordinator? Yes No

SHAPE America Member? Yes No

Primary Discipline? Health Physical Education Recreation Dance
 Adapted Physical Education Sports & Athletics

Level: Elementary Middle School High School College/University

Preferred Publications Delivery Method? Electronic Printed

First/Middle/Last Name: _____

Mailing Address: _____

City, State, Zip, County: _____

Phone: _____ Cell: _____ Email: _____

School Name: _____

School Address/County: _____

School District: _____

Member Directory Listing

Include: Name Address Email No Information

Membership Fees		
Professional	\$40	\$ _____
Future Professional (Student)	\$20	\$ _____
Retiree (Documentations Required)	\$20	\$ _____
Emeritus (Documentations Required)	\$ 0	\$ _____
JR/HFH Coordinators		
Raised over \$2,500	\$ 0	\$ _____
Raised \$1,500-\$2,499	\$20	\$ _____
Coordinator School Name: _____		

Credit Card Payment:

Card Type: VISA Mastercard Discover

Card Number: _____

Exp. Date: _____ CSC# _____

Signature: _____

Print Name as it appears on card: _____

Billing address for card is the same as the mailing address above?
 If not: Address: _____

Phone number matching account: _____

Questions? Contact: mahperded@gmail.com