



**Vermont Association for Health, Physical Education,
Recreation and Dance**

Membership Registration Form

Please complete the form below

Personal Information:

First Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Preferred E-Mail: _____
 Phone: _____
 (Renewals only) VTAHPERD Membership #: (if current member) _____

Work Information:

Work Place Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Work Phone: _____
 Work Email: _____

Area of Expertise: (please mark all that apply)

Health Physical Education Recreation Dance
 Other: _____ (list)

Responsibility: (please mark)

Teacher Student Retiree School Administrator
 Private Sector Government Other: _____

Employment Level: (please mark all that apply)

Preschool Elementary Middle School Secondary College Agency
 Other: _____

Please print this form and mail it with your payment (checks payable to "VTAHPERD") to:

Dr. Lisa Pleban, Executive Director

VTAHPERD

Castleton State College Department of Physical Education

Glenbrook Gymnasium

Castleton VT 05735

Or past, save & email this document to lisa.pleban@castleton.edu

One Year Professional = \$35.00

One Year Retired Professional = \$10.00

One Year Student = \$10.00