



# VTAHPERD Registration Form



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

Please fill out the form below

### Personal Information:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Membership #: (if current member) \_\_\_\_\_

### Work Information:

Work Place Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

### Area of Expertise: (please mark)

\_\_\_\_ Health, \_\_\_\_ Physical Education, \_\_\_\_ Recreation, \_\_\_\_ Dance, Other: \_\_\_\_\_

### Responsibility: (please mark)

\_\_\_\_ Teacher, \_\_\_\_ Student, \_\_\_\_ Retiree, \_\_\_\_ Administrator, Other: \_\_\_\_\_

### Employment Level: (please mark)

\_\_\_\_ Pre-School, \_\_\_\_ Elementary, \_\_\_\_ Middle School, \_\_\_\_ Secondary, \_\_\_\_ College  
\_\_\_\_ Agency, Other: \_\_\_\_\_

Please print this form and mail it with your payment to:

**VTAHPERD**  
**C/O Janice Lange, 208 Colchester Road,**  
**Essex Junction, VT 05452**

One Year Professional = \$35.00  
One Year Retired Professional = \$10.00  
One Year Student = \$10.00