

SHAPE Florida Membership Application

Membership for Professional members includes \$1,000,000.00 general liability insurance coverage.

Check One: New Membership Renew Membership

CONTACT INFORMATION	First Name:		Middle:	Last Name:		
	Email:				Gender:	
	Preferred Address: (Check One) <input type="checkbox"/> Home <input type="checkbox"/> Work					
	Home Address Line 1:					
	Home Address Line 2:					
	City:		State:		Zip:	
	Home Phone:			Mobile Phone:		
	School/Place of Employment:				County:	
	School Address Line 1:					
	School Address Line 2:					
	City:		State:		Zip:	
	Work Phone:			Principal Name:		

MEMBERSHIP OPTIONS	COST
<input type="checkbox"/> Professional Member (1 Year)	\$70.00
<input type="checkbox"/> Professional Member (3 Years)	\$170.00
<input type="checkbox"/> Undergraduate Student (1 Year)	\$25.00
<input type="checkbox"/> Full-Time Graduate Student (1 Year)	\$35.00
<input type="checkbox"/> Retired Member (1 Year)	\$25.00
<input type="checkbox"/> Discount Half Price Raised less than \$2,000 in approved fundraising (1Year)	\$35.00
<input type="checkbox"/> FREE Member raised \$2,000 or more with approved fundraising (1Year)	FREE

SPECIALTY AREA(S): SELECT ALL THAT APPLY		
<input type="checkbox"/> Elementary Physical Education <input type="checkbox"/> Middle School Physical Education <input type="checkbox"/> High School Physical Education <input type="checkbox"/> Adapted Physical Education <input type="checkbox"/> Dance Education <input type="checkbox"/> Dance Performance <input type="checkbox"/> Exercise Science	<input type="checkbox"/> Sport – Coaching <input type="checkbox"/> Sport – Administration <input type="checkbox"/> Sport – Management <input type="checkbox"/> Physical Education Administration <input type="checkbox"/> Health Education Administration <input type="checkbox"/> Other Administration <input type="checkbox"/> School Health Education <input type="checkbox"/> College Health Education	<input type="checkbox"/> Medical Health Education <input type="checkbox"/> Public Health <input type="checkbox"/> Agency <input type="checkbox"/> Recreation/Leisure <input type="checkbox"/> College/University <input type="checkbox"/> Research <input type="checkbox"/> Teacher Preparation/Pedagogy

PAYMENT OPTIONS

CHECK – Payable to *SHAPE* Florida Inc., 798 Foxhound Drive, Port Orange, FL 32128

Credit Card (Master Card or VISA) Number _____

Expiration Date _____ CSV Code _____ Name on Card _____

If you are a NEW member, who referred you? _____