

APPLY / RENEW Online at WWW.SHAPEMICHIGAN.ORG



SHAPE Michigan

Society of Health and Physical Educators

PO Box 208

Laingsburg, MI 48848

MEMBERSHIP APPLICATION / RENEWAL FORM

New Member: _____ Renewal: _____

Shape America Member: _____ YES _____ NO

Primary Discipline: _____ Health _____ Physical Education _____ Dance
_____ APE _____ Recreation _____ Sports/Rec

Level: _____ Elementary _____ Middle School _____ High School _____ College/University

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

School Name: _____

School District: _____

QUESTIONS? Contact: mahperinfo@gmail.com or shapemichigandirector@gmail.com

Membership Fees:

Professional: \$40 _____

Future Professional: \$20 _____

Retiree: \$20 _____

Emeritus: \$0 _____

2017-2018 JRFH Coordinators:

Raised over \$2,500 \$0 _____

Raised \$1,500-\$2,499 \$20 _____

Coordinator School Name: _____

Payment:

Check: _____ Credit Card: _____

Card Number: _____

Exp. Date: _____ CSC#: _____

Signature: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____