



International Council for Health, Physical Education, Recreation, Sport, and Dance
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ICHPER•SD Individual Membership/Commission Application

Title: Prof. Dr. (Male/ Female) Mr. Ms.

Name: _____
First Middle Last

Address: _____ City: _____

_____ State/Country _____ Zip/Postal Code _____

Institutional Affiliation: _____
College/University/Organization Department

Telephone No. _____ Fax No. _____

Type of Membership: Individual /Group A* (60.00\$ U.S.) Individual/Group B* (50.00\$ U.S.) Individual/Group C* (40.00\$ U.S.)
 Life (1,500.00\$ U.S.); Contributing (1,000.00\$ U.S. or more)

* Group A, B, and C corresponds to a graduated membership fee system. The three different annual individual membership fees are based on economic status of the nation in which a member resides and works. (See back of application.)

Payments must be made in US funds via money order, check drawn on US or Canadian bank, or charged to your credit card.

VISA (13 or 16 numbers) _____

MasterCard (16 numbers) _____

American Express (15 numbers) _____

Expiration Date: _____

Signature: _____

Office Use Only: Deposit Date _____ CK Date: _____ CK # _____ Amt: _____