



International Council for Health, Physical Education, Recreation, Sport, and Dance  
 1900 Association Drive, Reston, VA 1598-20191, USA. Phone (9527-476(703 Fax (9527-476(703 Email: ichper@shapeamerica.org

## Professional Member Payment Form

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

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

ICHPER•SD Membership ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ or Life Membership ID No. \_\_\_\_\_ ICHPER•SD

Membership Application in Process: \_\_\_\_\_ Submitted at Headquarters \_\_\_\_\_ or Attached Herewith \_\_\_\_\_  
 \_\_\_\_\_ Submitted at WCEOC'2014 in Bahrain under the condition described above item 5).

**REGISTRATION FEES:**

Between July 10 – October 2014 ,25

Between October 26 – December 2014 ,20

	A*	B*	C*	A*	B*	C*
Individual or Life member:	US \$ 150	US \$ 127	US \$ 112	US \$ 170	US \$ 147	US \$ 132
Non member: (includes membership)	US \$ 210	US \$ 195	US \$ 172	US \$ 260	US \$ 235	US \$ 212
Bahrainis (All must be ICHPER•SD members)	US \$ 100	x	x	US \$ 100	x	x
Accompanying Person:	US \$ 100	US \$ 90	US \$ 80	US \$ 120	US \$ 110	US \$ 100

**PAYMENT CONFIRMATION:**

AMOUNT TO BE CHARGED: \_\_\_\_\_

VISA (13 or 16 numbers): \_\_\_\_\_

MasterCard (16 numbers): \_\_\_\_\_

American Express (15 numbers): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Validation Code (The last three digits of the number at the back of the card): \_\_\_\_\_

Signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

OFFICE USE ONLY:	Dep. Date _____	Ck. Date _____	Ck# _____	Amt . _____	14/23/6
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