



The Connecticut Association  
for Health, Physical Education,  
Recreation and Dance

**MEMBERSHIP APPLICATION~ One year membership dues**

- Make check payable to CTAHPERD    ( ) \$45.00 Professional  
                                                               ( ) \$20.00 Retiree  
                                                               ( ) \$20.00 Student

<i>Send to: Kathy Nauber, 86 Coyote Trail, Higganum, CT 06441</i>
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**Please print or type all information.**

Name (Dr., Mr., Mrs., Ms. Miss) \_\_\_\_\_  
First
M.I.
Last

Work Address \_\_\_\_\_  
**(Students only: College Name)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

(    ) Sign me up for the CTAHPERD E-Newsletter - As a subscriber to the CTAHPERD Electronic Newsletter, your e-mail address is safe. It is our firm policy never to rent, loan, or sell our subscriber list to any other organization, group, or individual.

**Preferred mailing address (circle one) Home    Work    (CTAHPERD mail and approved vendor mail)**

**Status (circle one)    New Member                    Previous Member**

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| <p><b>Special Responsibilities (limit 3 please)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Teacher</li> <li><input type="checkbox"/> 2. Coach</li> <li><input type="checkbox"/> 3. Teacher/Coach</li> <li><input type="checkbox"/> 4. Education Administrator</li> <li><input type="checkbox"/> 5. City/Court/State/Federal Agency Administrator</li> <li><input type="checkbox"/> 6. Researcher</li> <li><input type="checkbox"/> 7. Athletic Trainer/Sports Medicine</li> <li><input type="checkbox"/> 8. Athletic Director</li> <li><input type="checkbox"/> 9. Intramural Sports Director</li> <li><input type="checkbox"/> 10. Sports Official</li> <li><input type="checkbox"/> 11. Program Director/Recreation Parks</li> <li><input type="checkbox"/> 12. Program Dir./Hospital-Clinic</li> <li><input type="checkbox"/> 13. Program Dir./Private and/or Volunteer Agency</li> <li><input type="checkbox"/> 14. Fitness Director/Business Industry</li> <li><input type="checkbox"/> 15. Student</li> <li><input type="checkbox"/> 16. Retiree</li> <li><input type="checkbox"/> 17. Counselor</li> <li><input type="checkbox"/> 18. Nurse</li> <li><input type="checkbox"/> 19. Other (be specific)</li> </ul> | <p><b>Employment Area (limit 3 please)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Elementary</li> <li><input type="checkbox"/> 2. Middle</li> <li><input type="checkbox"/> 3. Secondary</li> <li><input type="checkbox"/> 4. Community/Junior College</li> <li><input type="checkbox"/> 5. College/University</li> <li><input type="checkbox"/> 6. Agency</li> <li><input type="checkbox"/> 7. Business/Industry</li> <li><input type="checkbox"/> 8. Hospital/Clinic</li> <li><input type="checkbox"/> 9. Recreation/Parks</li> <li><input type="checkbox"/> 10. Health Club</li> <li><input type="checkbox"/> 11. Self-employed</li> <li><input type="checkbox"/> 12. Other (be specific)</li> </ul> | <p><b>Primary Interest Area (limit 3 please)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Physical Education</li> <li><input type="checkbox"/> 2. Coaching</li> <li><input type="checkbox"/> 3. Research</li> <li><input type="checkbox"/> 4. Dance</li> <li><input type="checkbox"/> 5. Leisure/Recreation</li> <li><input type="checkbox"/> 6. Safety</li> <li><input type="checkbox"/> 7. Health Education</li> <li><input type="checkbox"/> 8. Program for the Handicapped</li> <li><input type="checkbox"/> 9. Physical Fitness</li> <li><input type="checkbox"/> 10. Athletic Training/Sports Medicine</li> <li><input type="checkbox"/> 11. Athletic Admin/Programming</li> <li><input type="checkbox"/> 12. Other (be specific)</li> </ul> |
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