

Health and Kinesiology Majors Club

Membership Form 2011-2012

Name: _____

Major: _____

Home Address: _____

City	State	Zip
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School Address: _____

City	State	Zip
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Phone: _____ Cell Phone: _____

E-mail Address: _____

Have you been a member in the past? _____ Yes _____ No

How many years: _____

Are you a member of IAHPERD? _____ Yes _____ No

Are you a member of AAHPERD? _____ Yes _____ No

1-year membership: \$15.00 _____