(315) 823-1015
77 North Ann Street, Little Falls, NY 13365

Membership Renewal Form

Member#_____

Expiration Date_____

Annual Membership Renewal Level

(check one)

- Professional Member
  - 1-Year, $135
  - 3-Years, $365
- Professional Council of Administrators Member
  - 1-Year, $160
  - 3-Years, $440
- Retiree Member
  - 1-Year, $75
  - 3-Years, $199
  - 5-Years, $299
- Retired Council of Administrators Member, $100

Please see back of form for accepted payment methods.

Personal Information

Prefix_____ Suffix_____

First Name_____

Middle Name_____

Last Name_____

Date of Birth_____

Last 4 Digits of SSN_____

This information is necessary for us to provide you with official CTLE Certificates.

Home Address

Address 1_____

Address 2_____

City_____

State_____ Zip_____

County_____

Preferred Email

_____

I agree to receive emails from NYS AHPERD. *More information on back of form.*

Preferred Phone ☐ Cell ☐ Home

_____

I agree to receive automated text messages from NYS AHPERD. *More information on back of form.*

Employment Information

School District, College/University or Agency (If retired leave address blank)

Name_____

School Building Name_____

Address 1_____

Address 2_____

City_____ State_____ Zip_____

County_____ Work Phone_____

Employment Level

- Agency
- College/University
- Consultant
- Dance Studio
- Future Professional
  - Undergraduate*_____
  - Graduate*_____

**List Anticipated Grad Date above*

- District
- Preschool/Early Childhood
- Elementary
- Middle School
- High School
- Government
- Non-Profit
- Recreation
- Retired _____ *List Retirement Year above*
- Other_____

Primary Responsibilities

- Administration
  - Director of Athletics
  - Director of Health Education
  - Director of Physical Education
  - Principal
  - Superintendent
- Coach
- Consultant
- Dance Educator
- Future Professional
- Teacher
  - Adapted Physical Education Teacher
  - Health Education Teacher (only)
  - Physical Education Teacher (only)
  - Health & Physical Education Teacher
  - Other _____
- Teacher Educator (HETE/PETE)
- Recreation Specialist
- Retired
- Other_____

Additional Interests

- Adapted Physical Education & Sports
- Aquatics Education
- Coaching
- Dance Education
- Elementary Physical Education
- Equity, Diversity & Inclusiveness
- Exercise Science/Sports Medicine
- Health Education
- Higher Education/ Professional Preparation
- Middle School/High School Physical Education
- Recreation/Adventure Education
- Technology

Demographics

Zone Selection Preference

Please let us know which Zone you prefer to affiliate with (home or work).

_____

To view our zone map, scan the QR code to the right.

Race/Ethnicity

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Latinx/Latino/Latina/Hispanic
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Multiracial
- Prefer not to answer
- Other_____

Languages

Is English your primary language?

No ☐ Prefer not to answer

What other languages are you fluent in?_____

Gender

- Female
- Male
- Non-Binary/Third Gender
- Prefer not to answer
- Other_____

Highest Degree Obtained

- Undergraduate Studies
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Professional Degree or Doctorate
- Prefer not to answer
- Other_____

Additional membership information can be found on the back.