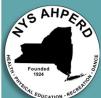


# Membership

77 North Ann Street, Little Falls, NY 13365			Kenewai Form	
				Member#
			E	xpiration Date
			Annual Me	embership Renewal Level
			Professional M	1ember (check one)
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ear, \$135 3-Years, \$365
			Professional C	ouncil of Administrators Member
			HE TO SEE SEE SEE SEE SEE SEE	ear, \$160 3-Years, \$440
			Retiree Memb	er
			1-Year, \$7	75 3-Years, \$199 5-Years, \$299
			Retired Counc	il of Administrators Member, \$100
Personal Information			Please see back of form for accepted payment methods.	
refixSuffix		Home Address		Preferred Email
First Name	me			
liddle Name		Address 2		I agree to receive emails from NYS AHPERD More information on back of form.
ast Name		City		Preferred Phone Cell Home
Date of Birth	This information is necessary for	State	Zip	
Last 4 Digits of SSN	us to provide	County		I agree to receive automated text messages from NYS AHPERD. More information on
3 0 30 8 1	CTLE Certificates.	33 8 2		back of form.
<b>Employment Information</b>	on			
School District, College/University		eave address blank)	Additional Interests	
Name			Adapted Physical Education	Health Education
School Building Name			& Sports	Higher Education/
Address 1			Aquatics Education	Professional Preparation  Middle School/High School
			Dance Education	Physical Education
Address 2			Elementary i mysical Education	Recreation/Adventure Education
\$ The state of the	_ State Zip		<ul><li>Equity, Diversity &amp; Inclusiveness</li><li>Exercise Science/Sports Medicine</li></ul>	Technology
County	Work Phone		Demographics	
Employment Level	Primary Responsibilities		Zone Selection Preference	98888
Agency College/University	Consultant Dance Educator Future Professional Teacher Adapted Physical Education Teacher Health Education Teacher (only) Physical Education Teacher (only)		Please let us know which Zone you	To view our zone
Consultant			prefer to affiliate with (home or work).	map, scan the QR
Dance Studio				code to the right.
Future Professional			Race/Ethnicity	Gender
Undergraduate* Graduate*			American Indian or Alaska Native	■ Female
*List Anticipated Grad Date above			Asian or Asian American	Male
District			Black or African American	Non-Binary/Third Gender
Preschool/Early Childhood			Latinx/Latino/Latina/Hispanic	Prefer not to answer
Elementary			Middle Eastern or North African	Other
Middle School			Native Hawaiian or Pacific Islander	Highest Degree Obtained
High School Government			Prefer not to answer	Undergraduate Studies
Non-Profit				Associate's Degree
Recreation	Health & Physical Education Teacher		Other	Bachelor's Degree
Retired	Other ————————————————————————————————————		Languages	Master's Degree Professional Degree or Doctorate
OtherRecreation Specia			Is English your primary language?	Prefer not to answer
	Retired		No Prefer not to ans	Other
Other  Additional membership information can be found on the back.			A CONTRACT ON MORE THE SECOND CONTRACT OF SECOND CO	
Additional membership in	onnacion can be roun	a on the back.	What other languages are you fluent i	n.e

What other languages are you fluent in?\_



This is your membership renewal form. Please send your renewal form back with a check, money order or purchase order (address below):

NYS AHPERD
77 North Ann Street
Little Falls, NY 13365

Looking for other payment methods? Renew online at nysahperd.org!

We accept credit and debit cards\*, PayPal and ACH payments. We also offer a monthly payment option online if you can't pay the full \$135 today.

\*Payments made by credit/debit card will incur a fee.

# Why renew? NYS AHPERD Membership Offers...

- Each current member receives a \$1M General Liability Insurance Policy
- Quality professional development opportunities and CTLE certificates
  - Available at the local Zone level and State level
- Website with a members only accessible area which includes
  - Continuously updated online career center
  - FREE access to our 2nd Edition Curriculum & Assessment Guidance Documents for elementary and middle/high school physical education AND a sample lesson plan
- Advocacy initiatives to keep HPERD programs as part of every child's education
- Peer-to-peer sharing of best practice, research, innovative programs, etc.
- Leadership opportunities
- Recognition of professional excellence through teaching and leadership

pand, more!

### **Membership Level Definitions**

- **Professional** Those engaged in the teaching of health education, physical education, recreation, dance programs, and individuals who support these programs.
- **Professional Council of Administrators** Professionals serving as a director, chairperson, or coordinator having responsibilities for health, and /or physical education and/or athletic programs.
- **Retiree** Any person who met the criteria for professional membership and is now retired as defined by NYS Retirement System.
- **Retired Council of Administrators** Retiree members having served as a director, chairperson, or coordinator having responsibilities for health, and /or physical education and/or athletic programs.
- **Future Professional** Students currently enrolled in an undergraduate program studying health education, physical education, recreation, or dance and not currently teaching in the K-16 system or currently enrolled in a graduate program studying health education, physical education, recreation, or dance and not currently teaching in the K-16 system.

Questions? Please call our central office at (315) 823-1015 or email nysahperd@nysahperd.org; we look forward to your continued support!

#### **NYS AHPERD Mentor Program**

NYS AHPERD would like to support our members at every stage of their career by connecting members through our new mentor initiative. Benefits include:

- Re-energizing your passion for teaching
- Connecting with like-minded professionals
- Advice and support as you change positions or teaching levels
- Advice on backyard advocacy for your program
- First-year teacher support
- Supporting future professionals
- First-year annual conference attendee support

Interested in signing up? Please choose from the following options:

- I would like to be a mentor.
- I would like to be connected to a mentor.
- I am not interested at this time.

## **Download our NYS AHPERD Event App today!**

Preview all events offered by NYS AHPERD in our new event app; including, our annual conferences, zone meetings, zone conferences, online webinars and more. Members should download the app to track all professional development hours, including CTLEs, when attending events. We're using it to keep you

current on event details and notify you of schedule changes. The app will allow you to connect with presenters, attendees, exhibitors and more!

The app is available in both the Apple App Store and Google Play Store. Look for this icon to select the correct version!



## **Personal Information**

#### **Email Information**

NYS AHPERD communicates with members mainly by email. By providing your email address, you agree to receive emails from NYS AHPERD. Message frequency varies. You can unsubscribe anytime by emailing <a href="mailto:nysahperd@nysahperd.org">nysahperd@nysahperd.org</a>.

#### Cell Phone Information

By providing your cell phone number, you agree to receive automated text messages from NYS AHPERD. Message frequency varies. Message and data rates may apply. You can unsubscribe anytime by emailing <a href="mailto:nysahperd@nysahperd.org">nysahperd@nysahperd.org</a>.

NYS AHPERD Database Security Policy

(Approved by the Executive Council 05/03/19)

Data collected on the NYS AHPERD membership application will be used for the promotion of programs and services to benefit the membership of the Association. Personal data (addresses, work and home telephone numbers, school affiliations, etc.) will be held electronically for the use of the Association. Upon request of Section and Zone personnel, mailing labels, member lists and/or telephone numbers and e-mail addresses will be provided for the purpose of specific interest area and regional programming announcements. If requested, mailing labels and or email addresses will be provided to Association vendors but only after evaluation, by the Executive Director, of the materials to be distributed, and only where the intent is to distribute information of professional value. Mailing labels are shared electronically with services that distribute Association publications. Such service providers are restricted in further use of said labels. Individual members may contact the Central Office to request that specific data be restricted from distribution at the local level.