



LAHPERD Membership Form - 2026-2027



The LAHPERD membership period runs from June 1 through May 31 of LAHPERD's fiscal year. You may submit and pay your application online on the LAHPERD.org website; or download this form and mail your check. If using this form, **PLEASE PRINT LEGIBLY** and send your check to the address below. **Membership/insurance is activated upon payment of membership fee.** You may check your membership number or update your member profile online by using your assigned username and password. Please contact lewilliamson@cox.net if you have any questions. To request a copy of the COL (Certificate of Liability), please email lewilliamson@cox.net

This box below for office use only:

Date Received in Office:	_____
Type Membership:	_____
Amount of Payment:	_____
Personal Check or MO:	_____
School Check:	_____
Total:	_____

Please provide all information requested below for the LAHPERD membership database.

First Name: _____ **Middle or Initial:** _____ **Last Name:** _____

Insurance _____ **E-Mail:** _____
(required) (preferred e-mail address; year-round e-mail for all LAHPERD communications)

<u>Membership Categories</u> (see explanation below)	<u>Included</u>	<u>Dues</u>
Professional Member LAHPERD	Yes	_____ \$ 60
3-Year Professional Member LAHPERD	Yes	_____ \$ 170
Student Member	Yes	_____ \$ 35
Retired Member (verify w/Executive Director)	No	_____ \$ 10
Honorary Life Member (verify w/Exec. Director)	No	_____ \$ 0
Donation - LAHPERD Student Scholarship Fund		_____ \$

LAHPERD Membership: _____ Renewal: Y or N
 New Member: Y or N

If a new member, recruited by: _____

Mailing Address: _____ **City:** _____
 _____ **State:** _____
 (preferred/year round; please include apartment number) **Zip Code:** _____

Telephone: _____ **PARISH** _____
 (Work) (Cell Phone)

****Name of Work Site:** _____ ****Student Member:** _____
 (**required) (Professional Member) (Student - School Attending)

<u>LAHPERD Division</u> (√ one)	<u>Employment Level</u> (√ one)	<u>Major Interest Area</u> (check all that apply)
_____ Health	_____ Elementary School	_____ Health Education
_____ Phys Educ/Activity	_____ Middle/Junior High School	_____ Physical Education
_____ Sports/Leisure	_____ High School	_____ Both Health & Physical Education
_____ Dance	_____ K-12 School	_____ Adapted Physical Education
_____ General	_____ University/College	_____ Administration/Higher Education
	_____ Community-give site name above	_____ Athletics/Coaching
	_____ Student-give school name above	_____ Athletic Training/Sports Medicine
		_____ Dance
		_____ Exercise Science/Physiology/Kinesiology
		_____ Fitness/Strength/Conditioning
		_____ Health Agency/Health Promotion
		_____ Sports & Leisure
		_____ Sports Management
		Other: (please indicate area: _____)

Make all payments to: **LAHPERD**
 Check, money order, cash, or online membership payments are accepted.
NO PURCHASE ORDERS ACCEPTED. If a check pays for multiple members, each member must submit a membership form.

Mail to: Lynn Williamson, LAHPERD Executive Director
 4420 Downing Drive, Baton Rouge, LA 70809
Email: lewilliamson@cox.net **Cell #:** 225-247-8397

