



WAHPERD Annual Membership Form*

PLEASE TYPE OR PRINT CLEARLY – COMPLETE ALL FIELDS

Name _____

Address _____

City/State/Zip _____

Telephone/E-mail _____

School/Affiliate _____

Address _____

City/State/Zip _____

Telephone/E-mail _____

<u>CATEGORIES</u>	<u>Membership Fee</u>
Professional Rate	\$30
Retired Professional Rate	\$10
Student Rate	\$10

¹ If you sponsored a JRFH/HFH event, please provide the dates and money raised for the last year. You are eligible for a free membership. _____

Payment Method: MasterCard Visa American Express Check

Credit Card Number: _____ Exp. Date _____

Name on Card: _____

Please make checks payable to Human Kinetics – Send completed membership form or fax to:

c/oWAPHERD, P.O. Box 5076, Champaign, IL 61825-5076, Attn: Jackie Moore
Secure Fax line: (217) 351-1549