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| **SHAPE SD Membership Benefits** | |
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| **Membership provides:** | |
| * Affidavit by Assured General Liability coverage for $1,000,000 * Annual conference (provide CEU’s and credits towards your re-licensure) * Professional Network * Advocacy assistance and representation * Opportunities for leadership and professional growth * Recognition of members through awards * Liaison to state government * Liaison to SHAPE America and its districts * Right to vote on SHAPE SD business * Eligible to hold a board position for SHAPE SD * Opportunity to be honored in our state for your great service and commitment to our profession | |
| |  |  |  | | --- | --- | --- | | **Dues** | | | |  | Professional | $30 | |  | Student | $15 | |  | Retiree | $15 | |  | Lifetime | $250 | | |
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| **Membership Qualifications: (As from Constitution BYLAWS Article I)** | |
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| (a) | Professional members shall consist of all persons with preparatory backgrounds directly engaged via employment or volunteer service in one or more of the various aspects of health education, physical education, dance, recreation or athletics. |
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| (b) | Student members shall include undergraduate and graduate students attending professional and teacher education institutions on a full-time basis, and who are preparing for careers in health education, physical education, recreation, dance or athletics. |
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| (c) | Retiree members shall include all those who have retired from full-time professional employment in health education, physical education, recreation, dance or athletics, or have reached the age of 62, and have been a professional member in good standing of the association for a minimum of five (5) years.  These potential members shall apply for this designation in writing to the Association President. |
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| (d) | Life members shall be those who have paid the appropriate membership fee as set forth by this organization. |
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| (e) | Associate members shall consist of all other persons interested in or peripherally associated with the fields of health education, physical education, recreation, dance or athletics and who do not fall into any of the above categories. |



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| **Please provide the following information (please print):** | |
| **Name:** | **School/Organization:** |
| **Home Address:** | **School/Organization Address:** |
| **City/State/Zip:** | **City/State/Zip:** |
| **Home Phone:** | **School Phone:** |
| **Home Fax:** | **School Fax:** |
| **Home email:** | **School email:** |
| **Twitter Account:** | **Facebook Account or other Social Media:** |

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| **Employment/Student Information (Check all that apply)** |
| q Student q Elementary q Middle School q Secondary q College/University q Other |
| **Interest Area (Check all that apply)** |
| q Health q Physical Education q Recreation q Dance q Adapted PE  q Athletics/Coaching q Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Membership: Student: $15 Professional: 30$ Retiree: $15 Lifetime: $250 |
| Membership includes a liability policy. |
| Mail Payments to:  Cheryl Miller SHAPE SD Treasurer  PO Box 644  Mitchell, SD 57301 |