



Membership Application Please Print

First Name: _____ Last Name: _____

Address: (home) _____ City: _____ Zip Code: _____

Name of School/Organization _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ Fax: _____ E-

mail: _____ May we put you on our mailing list? Y N

MT APHERD Membership: New _____ Renewal _____ Student _____ Retired _____

(Membership runs September 01-August 31) **Member of**

AAHPERD: Yes _____ No _____ **Membership Dues:**

Professional \$25.00 _____

Student/Retired \$10.00 _____

Mail membership form and dues to:
Marti Edgmond
926 7th Ave.
Laurel, MT 59044