

# NCPEID Membership Application Form

First Name:  Middle Initial:   
Last Name:

## Business or Work Address

Place of Business:   
Department:   
Street Address:  City:   
State:  Zip Code:  Business Phone:   
Email Address:

## Residential Address

Street Address:  City:   
State:  Zip Code:  Home Phone:

## Primary Area of Professional Interest:

Physical Education       Adapted Physical Activity       Special Education  
 Adapted Physical Education       Recreation  
 Therapeutic Recreation       Other, Please Specify:

## Membership Category and Fee

Professional 1-year (\$50)       Professional 1-year (\$50)       Lifetime (\$400)  
 Full-Time Student 1-year (\$29)       Full-Time Student 2-year (\$49)       Retired (free)

## Level of Current Employment (Please check all that apply)

College/University       Public School       State Education Agency  
 Private Agency       Community Agency       Hospital/Residential  
 Retired       Student (name of current school):

## Education

Bachelor Degree       Masters Degree  
 Doctorate Degree       Other, Please specify:

## Current Students (degree you are pursuing)

Bachelor Degree       Masters Degree  
 Doctorate Degree       Other, Please specify:

## Committee Preference (check all that apply):

Membership       Legislative       Awards       Newsletter

Send your completed application along with membership fee(s) to: NCPEID Treasurer: Cindy Piletic  
220 Brophy Hall, Western Illinois University, Macomb, IL 61455, c-piletic@wiu.edu