



SHAPE CLUB MEMBERSHIP APPLICATION
(Students of Health and Physical Education)

(Please Print)

Name _____

Year _____ Area of Study: _____

Academic Advisor _____ Anticipated Graduation: _____

Address _____ MTSU Box # _____

Home Phone _____ Primary E-mail _____

Cell Phone _____ 2nd E-mail _____

Major _____ Minor _____

Are you interested in holding an office in the SHAPE Club? _____

Are you interested in going to the TAHPERD, SDAAPERD, or AAHPERD conventions? ____ If yes, which conventions?

What types of programs would you like to see the SHAPE Club sponsor this year?

Dues: \$5.00. Please return this application with your dues to the SHAPE Club Sponsor (Ms. Amy Nance), or to any of the SHAPE officers.

PAID: _____

RECEIVED CARD: _____