

CONTACT INFORMATION

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix ____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____ Web Site Address _____

Birthdate ____/____/____ Estimated Date of Graduation (Students Only) ____/____/____

CERTIFICATIONS

Please select all that are current

- AFO
- ASLA
- CPO
- CPRP
- CPRE
- CPSI
- CTRS
- CYSA
- Other _____
- Please send information

INTERESTS

Please select all that apply

- Public Recreation
- Therapeutic Recreation
- Outdoor Recreation
- Commercial/Tourism
- Faith Based Recreation
- Aquatics
- Planning and Design
- Ethnic Diversity
- Athletics
- Natural Resources
- Maintenane
- Other _____

MEMBERSHIP DUES

- Professional (Voting) \$75
- Commercial (Voting) \$150
- Student (Voting) \$20
- Retired (Voting) \$40
- Associate (Non-Voting) \$40

KATRA/KRPS (Voting)
(Joint membership) \$75

AGENCY DUES

Provide a membership form for each member

- Small Agency \$350
3 Professional, 7 Board Members
- Medium Agency \$625
10 Professional, 7 Board Members
- Large Agency \$1000
20 Professional, 7 Board Members
- Metro Agency \$1400
30 Professional, 7 Board Members
\$5 Additional Member
- Additional Professional Membership \$55
- Additional Board Members \$35

SUMMARY

- Membership/Agency Dues \$ _____
- Additional Memberships \$ _____
- Additional Board Members \$ _____
- Grand Total** \$ _____

PAYMENT

Full payment required for processing. Forms recieved without payment or authorized purchase order will be returned.

Purchase order _____
Credit Card: Visa MasterCard Discover AmEx

If you chose Credit Card please fill out information below

Billing Address: _____

Person Making Payment: _____

Phone Number: _____