

NRPA



Membership Applications
PO Box 7600, Merrifield, VA 22116-7600

Member Services
800.626.NRPA (6772)
Fax 703.858.0794
7-1-1 for hearing and speech impaired
membership@nrpa.org

**National Recreation
and Park Association**

MEMBERSHIP APPLICATION

Membership Categories and Rates

Individual Rates

Professional (\$135) For park and recreation professionals working in agencies or other environments, such as universities, colleges, military base installations, hospitals or health clinics.

Retired (\$62) For persons that have retired from parks and recreation.

Student (\$42) For students studying park and recreation curricula.

Citizen (\$57) For citizen advocates—includes those who serve on park and recreation boards or advisory councils; in elected or appointed civic roles such as commissioners, mayors, town council members; and citizen volunteers.

Associate (\$135) For individuals not professionally employed in the park and recreation field, but associated with it in some way (ie; landscape architects, playground safety inspectors, community sport and recreation league representatives, urban planners, employees of like-minded not-for-profits, individual consultants or suppliers, etc.).

Special Packages

Agency package (\$510) Special package rate for professionals working in public agencies; includes three professional members and up to 10 citizen members serving on park and recreation boards or advisory councils; or in elected or appointed civic roles such as commissioners, mayors, town council members; also includes the ability to add professional members within the same organization at a discounted rate of \$90, and citizen members at a discounted rate of \$47.

Group package (\$310) Special package rate that includes three professional members working in agencies or other environments, such as universities, colleges, military base installations, hospitals, health clinics and not-for-profits; also includes ability to add professional members within the same organization at a discounted rate of \$90.

Corporate (\$505) For industry suppliers of park and recreation products and services.

1: Contact Information

Primary Contact Information

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

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____ Web site address _____

Communication preference, please select all that apply.

- Phone Email
 Fax Mail

NRPA makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the park and recreation community. Please check here if you prefer not to be included in these lists.

- Exclude from list

How did you learn about NRPA?

- NRPA Event
 Local or state event, *please specify:* _____
 Web site
 Mailing

Colleague, *referred by:* _____

- Media
 School, *referred by:* _____
 Work

Other, please specify: _____

Main reasons for joining NRPA, please select all that apply:

- Education and Training
 Advocacy
 Networking
 News and Information

- Publications
 Parks & Recreation magazine
 Insurance Programs

Other, please specify: _____

Are you a Member of your state Park and Recreation Association? If yes, please specify: _____

Do you belong to any other professional organization(s)? If yes, please specify: _____

2: Membership Selection

New Renewal: Member ID number _____

Membership Category:

- Professional \$135
 Retired \$62
 Student \$42
 Citizen \$57
 Associate \$135
 Agency Package* \$510
 Group Package* \$310

Corporate \$505

Additional Agency or Group Package Members

Professional ___ X \$90 = ___

Citizen
(Agency Package) ___ X \$47 = ___

* Please complete Agency and Group Package roster information in section 7.

3: Branch and Section Affiliations

NRPA membership brings with it the opportunity to affiliate yourself with **one** (1) of NRPA's special interest groups. Additional designations may be made for an added cost of \$15 each.

- American Park and Recreation Society (APRS) Armed Forces Recreation Society (AFRS)
 Citizen Branch (CB)* Commercial Recreation and Tourism Section (CRTS)
 Leisure and Aging Section (LAS) National Aquatic Branch (NAB)
 National Society for Park Resources (NSPR) National Therapeutic Recreation Society (NTRS)
 Student Branch (SB)* Society of Park and Recreation Educators (SPRE)

Additional Branch/Section Affiliation(s) _____ x \$15 = _____

* Student members are automatically affiliated with the Student Branch, but may choose **one** (1) additional affiliation without cost.

* Citizen members are automatically affiliated with the Citizen Branch.

4: Subscription Options

NRPA membership brings with it the opportunity to subscribe to NRPA's journals at a discounted membership rate.

Journal of Leisure Research (JLR)

Quarterly Journal

- Member (Domestic) \$42.00
 Member (Foreign) \$53.00

Therapeutic Recreation Journal (TRJ)

Quarterly Journal

- Member (Domestic) \$42.00
 Member (Foreign) \$53.00
 National Therapeutic Recreation Society (NTRS) affiliated* \$15.00

Schole: A Journal of Leisure Studies and Recreation Education

Annual Journal

- Member \$32.50
 Society of Park and Recreation Educators (SPRE) affiliated* \$30.00

*If affiliation is not current, member rates apply.

5: Donation

Please consider a tax-deductible donation to the Annual Fund. The Fund provides additional dollars to improve upon NRPA's opportunities for members including certification, education, programming and technical assistance.

Annual Fund:

- \$25 \$50 \$100 Other \$ _____

6: Summary and Payment

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

Total (by section)	Amount
Membership Selection (from section 2)	\$ _____
Branch and Section Affiliation(s) (from section 3)	\$ _____
Subscription(s) (from section 4)	\$ _____
Donation (from section 5)	\$ _____
Grand Total (U.S. Funds)	\$ _____

Please make checks payable to: National Recreation and Park Association (NRPA)

Purchase Order _____

Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ Name on Credit Card: _____

Signature: _____

About NRPA

The National Recreation and Park Association is a national, not-for-profit organization dedicated to advancing park, recreation, and conservation efforts that enhance the quality of life for all people. Through its network of more than 20,000 professionals and citizens, NRPA encourages the promotion of healthy lifestyles, recreation initiatives and conservation of natural and cultural resources.

Headquartered in Ashburn, Virginia, NRPA works closely with local, state and national recreation and park agencies, citizen groups and corporations to carry out its objectives. Priorities include advocating favorable legislation and public policy; increasing public awareness of the importance of parks and recreation; providing continuing education, professional certification and university accreditation; and conducting research and technical assistance. For more information, visit www.nrpa.org.



Agency and Group Package Rosters (section 7)

7: Agency and Group Package Rosters

Professional (1) – Primary Contact

Professional (2)

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

Title _____

Phone _____ Fax _____ Email _____

Address _____

Same as Primary Contact

Preferred Mailing

Address _____

City _____ State _____ Zip _____ Country _____

Branch/Section Designation(s) (see section 3 for listing) _____

Subscription Option(s) (see section 4 for listing) _____

Professional (3)

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

Title _____

Phone _____ Fax _____ Email _____

Address _____

Same as Primary Contact

Preferred Mailing

Address _____

City _____ State _____ Zip _____ Country _____

Branch/Section Designation(s) (see section 3 for listing) _____

Subscription Option(s) (see section 4 for listing) _____

Citizen (for Agency Package only)

Please include your home address so we may stay in touch in the event your elected or appointed civic role should change during the year.

Citizen (1)

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

Title _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Citizen (2)

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

Title _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Citizen (3)

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

Title _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Citizen (4)

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

Title _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Citizen (5)

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

Title _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Citizen (6)

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____

Citizen (7)

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____

Citizen (8)

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____

Citizen (9)

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____

Citizen (10)

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Home Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____

Additional Member (1)

- Professional
- Citizen

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____
 Branch/Section Designation(s) (see section 3 for listing) _____
 Subscription Option(s) (see section 4 for listing) _____

Additional Member (2)

- Professional
- Citizen

Prefix _____ First Name _____ Middle Initial ____ Last Name _____ Suffix _____
 Title _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ Email _____
 Branch/Section Designation(s) (see section 3 for listing) _____
 Subscription Option(s) (see section 4 for listing) _____

8: Demographics

Information is for statistical purposes to help ensure the diversity of the membership and will be held in strict confidence.

Age

- Under 20 21-30 31-40 41-50
 51-60 Over 60

Gender

- Male Female

Ethnicity

- African American Asian American/Pacific Islander Caucasian
 Hispanic/Latino American Indian Other, please specify: _____

Education

- High School Some College Associates Degree Bachelor's Degree
 Master's Degree Doctorate Other, please specify: _____

Population Served

- Under 10,000 10,000 to 25,000 25,000 to 50,000 50,000 to 100,000
 100,000 to 250,000 250,000 to 500,000 500,000 to 1 million 1 million to 2 million
 2 million to 3 million Over 3 million

Operating Budget

- Under \$500,000 \$500,000 to \$1 M \$1 M to \$2.5 M \$2.5 M to \$5 M
 \$5 M to \$10 M \$10 M to \$15 M \$15 M to \$25 M \$25 M to \$50 M
 Over \$50 M

Occupational Level

- Staff Management Executive

Setting Locale

- Agency Military Base Academic Institution Hospital/Health Clinic
 Not-for-Profit Commercial Residential Community Civic
 Other, please specify: _____

Density

- Urban Suburban Rural

Occupation

- Agency/Professional Citizen/Civic Leader Community League Leader/Coach Educator/Researcher
 Industry Supplier Landscape Architect Lay Citizen Morale/Welfare Specialist
 Not-for-Profit Employee Playground Safety Inspector Retired Student
 Therapeutic Recreation Specialist Urban Planner Other, please specify: _____

Special Interest Areas

- Advocacy Aquatics Facility/Maintenance Finance/Procurement
 Fine Arts Programming Grant Administration Health and Wellness Leisure and Aging
 Natural Interpretation Park Planning and Administration Safety/Risk Liability Special Events/Tourism
 Sports and Fitness Therapeutic Recreation Volunteer Coordination Youth Development
 Natural Resources Management Historic Preservation/Cultural Resources
 Other, please specify: _____