

# MEMBERSHIP APPLICATION

#### **Mail Applications To:**

National Recreation and Park Association CL #500007 PO Box 5007 Merrifield, VA 22116-5007

Membership Services 800.626.NRPA (6772) Fax 703.858.0794 membership@nrpa.org

### **ABOUT NRPA**

The National Recreation and Park Association (NRPA) is the leading not-for-profit organization dedicated to building strong, vibrant and resilient communities through the power of parks and recreation. With more than 60.000 members. NRPA advances this mission by investing in and championing the work of park and recreation professionals and advocates — the catalysts for positive change in service of equity, climatereadiness, and overall health and well-being. For more information, visit nrpa.org. For digital access to NRPA's flagship publication, Parks & Recreation, visit parksandrecreation.org.

### **MEMBERSHIP OPTIONS AND RATES**

**Premier (\$675 - \$5,750)** Includes all full-time employees working in the agency and up to 10 advocate members who serve on park and recreation boards or advisory councils, are in elected or appointed civic roles, or are community volunteers. Agencies may add as many part-time employees as they would like, if they exceed the package membership size then rate will increase.

**Standard (\$450)** Includes up to three professional members working in an agency 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 rate of \$175 and add advocate members at a rate of \$80.

## **INDIVIDUAL RATES**

**Professional (\$175)** For park and recreation professionals working in agencies or other environments, such as like minded non-profit organizations, universities, colleges, military base installations, and hospitals or health clinics.

**Young Professional (\$110)** For individuals that are 35 and under; working at least part-time in parks and recreation or another related field.

**Student (\$35)** For full or part-time students studying park and recreation curricula; not simultaneously employed as a full-time professional in that field.

Retired (\$80) For individuals that have retired from parks and recreation.

**Advocate (\$80)** For individuals who serve on park and recreation boards or advisory councils, are in elected or appointed civic roles, or are community volunteers.

### **SUPPLIER RATES**

**Industry Supplier Individual (\$175)** For individuals who work for companies other than non-profit organizations.

**Industry Supplier Premier Package (\$675 - \$5,750)** Please see Premier package rates and qualifications

\*Visit <u>nrpa.ora</u> for additional membership benefits information.

## NRPA MEMBERSHIP APPLICATION



## 1: CONTACT INFORMATION

| <b>Primary Contact Information</b>  |  | Member ID number   |  |                                |  |  |  |
|---|--|--|--|--------------------------------|--|--|--|
| Prefix First Name   |  | Middle   | e Initial Last Name                                  |                                | Suffix   |  |  |
| Title   |  |  |  |                                |  |  |  |
| Organization  |  |  |  |                                |  |  |  |
| Address   |  |  |  |                                |  |  |  |
|   |  |  |  |                                |  |  |  |
| •   |  |  |  |                                | Country  |  |  |
| Phone   | Fax En   |  | il   |                                | Web site address   |  |  |
| Birthdate / (Mai  | ndatory for young  | g professional membership ca   | ategory) Estimated Date o                            | of Graduation                  | _ / / (Students Only)  |  |  |
| Occupation (check one):   | Employe  | r Туре   | Jurisdiction Type:                                   |                                | Communication Preferences  |  |  |
| O Park & Recreation Professional  | 9  | or University  | O County   |                                | NRPA makes available its members'  |  |  |
| O Armed Forces Recreation Profession  | · <del>-</del> ·   |  | <ul> <li>Educational Institution</li> </ul>          |                                | addresses (excluding telephone and<br>email) to vendors who provide products |  |  |
| O Advocate/Civic Leader   | O Independent Consulting Firm  |  | O Military   |                                | and services to the park and recreation                                      |  |  |
| O Consultant  |  | pe Architect/Design Firm   | ○ Rural  |                                | community. Please check here if you  |  |  |
| O Educator/Researcher   |  | ality/Park District/County   | O Special Park District                              |                                | prefer not to be included in these lists.                                    |  |  |
| O Supplier  | Manufa   | und Equipment Supplier   | O State  |                                |  |  |  |
| O Non-Profit Service Provider   | O School I   |  | O Suburban   |                                | Exclude from list  |  |  |
| O Volunteer/Coach   |  | overnment  | O Urban  |                                |  |  |  |
| O Retired Professional  |  |  |  |                                |  |  |  |
| ○ Student   | Occupat  | ional Level (check one):   | Education Level                                      |                                |  |  |  |
| O Related Profession  | O Staff  |  | O Doctorate  | O Master's                     |  |  |  |
| (Landscape Architect, Agronomist,   | O Middle I   | Management   | O Bachelor's   | <ul> <li>Associates</li> </ul> |  |  |  |
| Historian, Mechanic, MBA, etc.)   | O Executiv   | ve Management  | O Some College                                       | O High School                  |  |  |  |
| Young Professional*** \$110 Advocate \$80 Retired \$80 Student* \$35** Industry Supplier \$175  *Primary contacts for Premier package app **Please complete roster information in se ****Please submit a copy of driver's license 'Proof of student status required, please suniversity program, student ID with valid d ** Students will have access to the digital materials. | ction 5. or government issue ubmit a copy of one of ates, or a current tra | 101–250 \$2,375 251–500 \$3,125 501–1,000 \$4,125 1,000+ \$5,750  an email with roster submission in the following with application: an encript. | application.<br>an original letter on the institutio | \$80 =                         | d by any qualified representative from your                                  |  |  |
| <b>3: SUBSCRIPTION OPT</b> If you wish to purchase additional maga. \$46 per annual subscription x  |  | itity below.   |  |                                |  |  |  |
| 4: SUMMARY AND PAY  |  | Dlease make checks na  | yable to: National Recrea                            | tion and Dark As               | assistian (NDDA)   |  |  |
|   | MENT   | Please Illake Cliecks pa   | ,  | tion and Park As               | sociation (NRPA)   |  |  |
| Full payment required for processing. For   | rms received   |  | ,  | tion and Park As               | sociation (NRPA)   |  |  |
| Full payment required for processing. For without payment or authorized purchase  | rms received   | Purchase order   | ,  | uon and Park As                | Sociation (NRPA)   |  |  |
| Full payment required for processing. For   | rms received   | O Purchase order   |  |                                |  |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.   | rms received<br>e order will   | O Purchase order   | MasterCard O American                                |                                |  |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.  Total (by section)   | rms received<br>order will   | O Purchase order   | MasterCard American                                  | n Express O Disco              |  |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.  Total (by section)  Membership Selection (from section 2)  | Amount   | O Purchase order   | MasterCard American                                  | n Express O Disco              | over   |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.  Total (by section)   | rms received<br>order will   | O Purchase orderCredit Card: O Visa Credit Card Number:  | MasterCard American                                  | n Express O Disco              | over Security Code:  |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.  Total (by section)  Membership Selection (from section 2)  | Amount   | O Purchase order  Credit Card: O Visa Credit Card Number:  | ○ MasterCard ○ American  — Name on Credit Card: ——   | n Express O Disco              | over<br>Security Code:   |  |  |
| Full payment required for processing. For without payment or authorized purchase be returned.  Total (by section)  Membership Selection (from section 2)  Subscription Options (from section 3)   | Amount   | O Purchase order  Credit Card: O Visa Credit Card Number:  | ○ MasterCard ○ American                              | n Express O Disco              | over<br>Security Code:   |  |  |

## NRPA MEMBERSHIP APPLICATION



### 5: ROSTER AND ADD-ONS FOR STANDARD PACKAGE

If you are applying for the Premier Package, you will receive an email with instructions to provide your full roster after your application is processed.

| Package Member #2         |     |                |           |         |          |
|---------------------------|-----|----------------|-----------|---------|----------|
| Prefix First Name         |     | Middle Initial | Last Name |         | _ Suffix |
| Title                     |     |                |           |         |          |
| Phone                     | Fax | Email          |           |         |          |
| Address                   |     |                |           |         |          |
| O Same as Primary Contact |     |                |           |         |          |
| O Preferred Mailing       |     |                |           |         |          |
| Address                   |     |                |           |         |          |
| City                      |     | State          | Zip       | Country |          |
|                           |     |                |           |         |          |
| Package Member #3         |     |                |           |         |          |
|                           |     | Middle Initial | Last Name |         | _ Suffix |
|                           |     |                |           |         |          |
|                           | Fax |                |           |         |          |
| Address                   |     |                |           |         |          |
| O Same as Primary Contact |     |                |           |         |          |
| O Preferred Mailing       |     |                |           |         |          |
| Address                   |     |                |           |         |          |
| City                      |     | State          | Zip       | Country |          |
|                           |     |                |           |         |          |
|                           |     |                |           |         |          |
| Professional Add-on #1    |     |                |           |         |          |
| Prefix First Name         |     | Middle Initial | Last Name |         | _ Suffix |
| Title                     |     |                |           |         |          |
| Phone                     | Fax | Email          |           |         |          |
| Address                   |     |                |           |         |          |
| O Same as Primary Contact |     |                |           |         |          |
| O Preferred Mailing       |     |                |           |         |          |
| Address                   |     |                |           |         |          |
| City                      |     | State          | Zip       | Country |          |
|                           |     |                |           |         |          |
| Professional Add-on #2    |     |                |           |         |          |
| Prefix First Name         |     | Middle Initial | Last Name |         | _ Suffix |
| Title                     |     |                |           |         |          |
| Phone                     | Fax | Email          |           |         |          |
| Address                   |     |                |           |         |          |
| O Same as Primary Contact |     |                |           |         |          |
| O Preferred Mailing       |     |                |           |         |          |
| Address                   |     |                |           |         |          |
|                           |     |                |           |         |          |