

KRPS MEMBERSHIP APPLICATION

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

INTERESTS

Please select all that apply

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

MEMBERSHIP DUES

Professional (Voting) \$75
Commercial (Voting) \$150
Student (Voting) \$20
Retired (Voting) \$30
Associate (Non-Voting) \$40

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	
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 received 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: _____