

**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                Maintenane
- Aquatics                                  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 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: \_\_\_\_\_

MEMBERSHIP DATE OF PURCHASE \_\_\_\_\_  
 MEMBERSHIP YEAR (Sept. Renewal ) \_\_\_\_\_

# Members Information

*Professional= 1, Small Agency= 3, Medium Agency = 10*

*Large = 20, Metro = 30 (Please use two forms to complete Large/Metro registration)*

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

7. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

8. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

9. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

10. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Certifications: \_\_\_\_\_

# Board Member Information

Small Agency = 7, Medium Agency = 7, Large = 7, Metro = 7

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

7. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

8. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

10. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_