

DEPARTMENT ENROLLMENT

IOWA



PARKS AND RECREATION ASSOCIATION

Service Length: July 1, 2019 - June 30, 2020

New Address: P.O. Box 906 Ames, IA 50010-0906

Complete form online at www.iapra.org

Scan then email to steve@iapra.org

This sheet accompanies the general enrollment form.

Please make copies for additional staff.

Each staff member receives discounted rate of \$85/person

Register online at www.iapra.org. Additional department members must register individually then select "Additional Department Member" option.

\*\* Please fully complete and print all information

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
Email Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
Email Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
Email Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
E-mail Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
Email Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: CPRP CTRS
Work Telephone: ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_
Email Address: \_\_\_\_\_ Salary Range: \_\_\_\_\_
New Member \_\_\_ Renewal \_\_\_ Years as IPRA Member \_\_\_\_\_ Age 35 & younger Yes \_\_\_ No \_\_\_