recreation.

□ STUDENT

submit scholarship application!

Valid for 12 months following receipt of fees. Membership allows to



PARKS AND RECREATION ASSOCIATION

New Address: P.O. Box 906

Ames, IA 50010-0906

Register online at www.iapra.org Complete form online at www.iapra.org Scan then email: steve@iapra.org

Service Length: July 1, 2019 - June 30, 2020 OUR COMMITMENT - IPRA is committed to providing quality services to its membership through fiscal responsibility and in a prudent eco-friendly manner. On this journey, all publications such as monthly magazine, membership directory, conference and workshop brochures will only be electronically distributed in addition to posted to the official IPRA Web site.

MEMBER-DRIVEN. SERVICE FOCUSED.

** Please <u>fully complete</u> and print all information (membership is assigned to this individual)		
Name:	Title:	Certifications: CPRP CTRS
Department:	College (students only)	
Address:	City, State, Zip Code:	
Work Telephone: ()	FAX: () Cellular ()
Email Address: Website Address:		
Salary Range: (note this will be held in confidence)		
New Member Renewal Years as IPRA Member	ember	35 years and younger? Yes No
Please check which social media platforms your organ	nization posts	to:
Facebook Instagram Twitter	Pinterest	YouTube LinkenIn
□ <u>INDIVIDUAL PROFESSIONAL</u>	\$ 170	Method of Payment - register online as well!
An individual who is full-time or part-time entity that is supportive of the mission, goals and objectives of IPRA, recognizing the importance of the quality of life benefits derived from parks and recreation.		Check Invoice Credit Card
□ DEPARTMENT {complete Department form(s)}		Card # Exp/
Includes one (1) professional membership in addition to ALL Board and Commission members. Additional full-time and/or part-time staff may join for a discounted professional rate of \$85 per person.		CVS (3 digit on back of card)
COMMERCIAL	\$ 190	Name as it Appears on Card
An individual, company or business which is a for-profit entity that is supportive of the mission, goals and objectives of IPRA, recognizing the importance of the quality of life benefits derived from parks and recreation.		Credit Card Billing Address
□ ADVOCATE	\$ 60	
An individual or not-for-profit entity, who is not a full-time professional, that is supportive of the mission, goals and objectives of IPRA, recognizing the importance of life quality benefits derived from parks and		City, State, Zip

\$ 20

Fax/Email Consent: I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications sent by or on behalf of IPRA, Iowa Foundation for Parks and Recreation, and National Recreation and Park Association via United States Postal Service, electronic communication, telephone, or fax. I understand IPRA will not share my mailing address, email address, telephone, or fax with non-IPRA members.