

**COMMERCIAL ENROLLMENT**

# IOWA



## PARKS AND RECREATION ASSOCIATION

Guaranteed July 1, 2020 to June 30, 2021

P.O. Box 906, Ames, IA 50010-0906

Telephone: 515.291.4917

> Register online [www.iapra.org](http://www.iapra.org)

> Complete form online [www.iapra.org](http://www.iapra.org)

> Scan then email to [steve@iapra.org](mailto:steve@iapra.org)

### COMMERCIAL

**\$ 190**

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.

**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 plus posted to the official IPRA website for online access at [www.iapra.org](http://www.iapra.org)

**MEMBER DRIVEN. SERVICE FOCUSED.**

Commercial members are allowed up to two staffers for \$190. Each additional person is \$50. Paid staff members will receive full professional membership features. Receive discounted exhibitor booth at conference along with priority booth placement plus discount prices to advertise in magazine, e-blast communications, and directory

\*\* Please fully complete and print all information

Company Name: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Staffer Member #1: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ Cellular (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Staffer Member#2: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ Cellular (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Method of Payment (you are welcome to securely register online)

Check  Invoice  Credit Card

Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ Security Code (3 digit on back of card) \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**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.