

PARKS AND RECREATION ASSOCIATION

Service Length: July 1, 2020 - June 30, 2021 OUR COMMITMENT - IPRA is committed to providing

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 **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 CPSI	
Department:			College (students only)			
Address:			City, State, Zip Code:			
Work Telephone: ()			FAX: () Cellular ()		
Email Address: Website Address:						
Salary Range: (note this will be				be held in confidenc	e)	
New Member	nber Renewal Years as IPRA Member 35 years and yo				ounger? Yes No	
Please check wh	ich social media pla	atforms your orga	nization posts	to:		
Facebook	InstagramTwitterPinterestY			YouTube	LinkenIn	
INDIVIDUAL PROFESSIONAL Starting a			ng at \$170	Method of Paymen	t - 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 Invoi	ce Credit Card	
Group rate:	1 - 4 individuals	\$170 per person		Card #	Exp/	
	5 - 8 individuals 9 - 12 individuals	ls \$125 per person		CVS (3 digit on back of card)		
	13+ individuals			Name as it Appears on Card		
	<u>AL</u>		\$ 190			
supportive of the the importance of	npany or business wh mission, goals and ob the quality of life ben two staffers for \$190.	jectives of IPRA, re	ecognizing	Credit Card Billing A	\ddress	
ADVOCATE			\$ 60	City State Zin		
that is supportive	ot-for-profit entity, whe of the mission, goals ance of life quality ben	and objectives of IF	PRA, recog-		erstand that by providing my mailing addres	

 STUDENT
 \$ 20

Valid for 12 months following receipt of fees. Membership allows to submit scholarship application!

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.