

GENERAL MEMBERSHIP

IOWA



PARKS AND RECREATION ASSOCIATION

Service Length: **July 1, 2020 - June 30, 2021**
 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 fully complete 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 held in confidence)

New Member ___ Renewal ___ Years as IPRA Member _____ 35 years and younger? Yes ___ No ___

Please check which social media platforms your organization posts to:

___ Facebook ___ Instagram ___ Twitter ___ Pinterest ___ YouTube ___ LinkedIn

INDIVIDUAL PROFESSIONAL Starting at \$170

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. For additional professionals, please complete "Additional Individual" form.

Group rate:	1 - 4 individuals	\$170 per person
	5 - 8 individuals	\$140 per person
	9 - 12 individuals	\$125 per person
	13+ individuals	\$100 per person

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. Up to two staffers for \$190.

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 derived from parks and recreation.

STUDENT \$ 20

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

Method of Payment - register online as well!

Check ___ Invoice ___ Credit Card ___

Card # _____ Exp ___ / ___

CVS (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.