

Pennsylvania Recreation and Park Society, Inc.

Membership Application

Please Print!

Name _____
 Position _____
 Employer/Agency _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Address: Home Office Student at _____
 Phone: Office _____ Home _____
 Fax _____ Email _____
 County _____
 Certification CPRP CPRA CTRS Other _____
 Membership recruited by: _____

BRANCH CHOICE (Select one or more)

- Aquatics Branch PA Therapeutic Recreation Society
 Community Recreation & Parks TR Specialty Area:
 Park Resources Branch Long Term Care VA
 PA State Park Society (open to all Psychiatric Rehab.
DCNR employees only) Dev. Disability State Hosp.

SPECIAL INTEREST AREAS (Select all that apply)

- Educator Urban Recreation Commercial and Resort Recreation
 Trails

PLEASE SEND ME FREE INFORMATION ON:

- National Recreation & Park Association Professional Certification

MEMBERSHIP ELIGIBILITY AND DUES STRUCTURE

GROUP MEMBERSHIP

- AGENCY:** Recreation and/or park related agency, including government, non-profit, therapeutic, educational, or private organization or institution that provides such services. Based on population served. Includes two individual memberships.

Population	Dues	1 st Year Rate
0 to 100,000	\$215	\$165
over 100,000	\$295	\$230
over 1,000,000	\$530	\$425
Additional individuals	\$80	\$70

- BOARD/COMMISSION:** Recreation and/or park boards and commissions of political subdivisions of the Commonwealth of Pennsylvania or board of directors of non-profit recreation related organizations. Includes five individual memberships. Attach names and addresses.
- | | | |
|------------------------|-------|-------|
| | \$200 | \$175 |
| Additional individuals | \$40 | \$35 |

- SUPPORTING:** Those business firms interested in the park, recreation, and leisure services fields.
- | | | |
|--|-------|-------|
| | \$190 | \$150 |
|--|-------|-------|

INDIVIDUAL MEMBERSHIP

- PROFESSIONAL:** Those engaged in full-time and part-time recreation and park work. Based on salary.

	Dues	1 st Year Rate
Under \$10,000	\$60	\$50
\$10,000 - \$20,000	\$80	\$65
\$20,000 - \$30,000	\$95	\$75
\$30,000 - \$40,000	\$105	\$85
\$40,000 - \$50,000	\$125	\$95
over \$50,000	\$140	\$110

- FRIEND:** \$45 \$40
 Any interested person or organization including seasonal employees, volunteers, retired members, and individual board or commission members. This category is for persons or organizations that do not qualify for other categories.
- STUDENT:** \$30 \$25
 Persons attending educational institutions on a full-time basis preparing for any phase of recreation and park work.
- RETIREE:** \$40 \$35
 Individuals having been employed full-time in recreation and parks whose employment was terminated due to retirement. Must have held active membership for at least five years prior to retirement.
- CONTRIBUTING:** \$320 \$300
 Individuals or organizations interested in assisting the Society in the attainment of its aims and objectives.
- LIFE:** Individuals desiring a lifetime membership. \$1,000

Total: _____

Membership Dues are renewable on January 1 each year. New memberships received July 1 to September 30 pay 50% of the annual dues. New memberships received after September 30 are credited toward the next full membership year. From each membership dues, \$10.00 is used for the publication of PENNSYLVANIA RECREATION & PARKS and \$6.00 is used for the publication of PRPS UPDATE. PRPS is registered with the Pennsylvania Commission on Charitable Organizations. A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1(800)732-0999. Registration does not imply endorsement.

PAYMENT INFORMATION

- My check is enclosed. Please make checks payable to PRPS.
 Bill my agency: Signature _____ Date _____
 Bill my credit card: Visa MasterCard
 Cardholder's name _____
 Card # _____ Expiration Date _____
 Cardholder's Signature _____

Mail your Application today!

PRPS
 2131 Sandy Drive
 State College, PA 16803-2283
 (814) 234-4272 Fax: (814) 234-5276 www.prps.org

For Office Use Only	
Date: _____	Amount: _____
Method: _____	By: _____
Processed: _____	

