



# Virginia Recreation & Park Society – Membership Application

<b>Postal Mail</b>	<b>Email</b>	<b>Fax</b>	<b>Join Online</b>
6372 Mechanicsville Tpk., Suite 109, Mechanicsville, VA 23111	vrps@vrps.com	804-730-9455	www.vrps.com

**Memberships are non-transferable**

<b>First Name:</b>		<b>M.I.:</b>		<b>Last Name:</b>		
<b>Nickname:</b>			<b>Certifications:</b>			
<b>Job Title:</b>						
<b>Agency/Company/College:</b>					<b>Preferred Address:</b> <input type="checkbox"/> Work <input type="checkbox"/> Home  • Address chosen will be used as primary mailing address • Business address will be used in the online directory.	
<b>Business/School Address:</b>						
<b>City:</b>				<b>State:</b>		<b>Zip:</b>
<b>Business Phone:</b>		<b>Ext:</b>	<b>Fax:</b>			
<b>Business Email:</b>			<b>Cell Phone:</b>			
<b>Home Address:</b>			<b>Home Phone:</b>			
<b>City:</b>			<b>State:</b>	<b>Zip:</b>	<b>Can VRPS communicate with you through the following?</b> Emails: <input type="checkbox"/> Yes <input type="checkbox"/> No Faxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home Email:</b>						
<b>Demographic Information:</b> This information is collected to better understand who our members are and how to best serve them.						
Gender:		Date of Birth:				
Years in the Profession/College:						
<b>Resource Groups:</b> <input type="checkbox"/> Aquatics <input type="checkbox"/> Cultural Diversity <input type="checkbox"/> Park Operations <input type="checkbox"/> Seniors <input type="checkbox"/> Special Events <input type="checkbox"/> Therapeutic Recreation						

**PLEASE CIRCLE CHOICE AND REMIT APPROPRIATE PAYMENT**

<b>VOTING MEMBERSHIPS:</b>  <b>Professional with Agency</b> ..... \$70 Works directly in the delivery of parks, recreation, leisure services and employer is an agency member. <b>Professional</b> ..... \$75 Works directly in the delivery of parks, recreation, leisure services and employer is <b>not</b> an agency member. <b>Retired</b> ..... \$40 Individual retired from the direct delivery of parks, recreation, leisure services. <b>Agency/Organization Membership</b> ..... \$200 Membership includes <b>Director + 1 Professional</b> with the benefits of professional membership. Please include a membership form for Director and Professional along with agency/organization payment. <b>College &amp; University</b> ..... \$115 Includes 1 faculty member with the benefits of professional membership.	<b>NON-VOTING MEMBERSHIPS:</b>  <b>Associate</b> ..... \$25 Includes: part-time park/recreation/leisure services employees, board/commission members, or individuals not eligible for professional membership, including volunteers. <b>Student</b> ..... \$25 Currently enrolled in a college/university as a candidate for a degree in leisure service field and does not qualify for professional or associate membership. <b>Commercial</b> ..... \$250 Companies other than non-profit organizations involved in the delivery of leisure services, equipment, supplies, or similar associated activities.
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<b>PAYMENT INFORMATION</b>  Check #: _____ Credit Card #: _____ Name on Card: _____ Expiration Date: _____ Security Code: _____ Card Type: Visa    MasterCard    American Express    Discover Card Billing Address Street: _____ City, State, Zip: _____	Amount Paid: \$ _____ Purchase Order #: _____ Paid by: <input type="checkbox"/> Agency <input type="checkbox"/> Member <input type="checkbox"/> Other Do You Need Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address for Payment Confirmation/Invoice: _____ Signature: _____
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