



Virginia Recreation & Park Society – Membership Application

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

Memberships are non-transferable

First Name:		M.I.:		Last Name:		
Nickname:			Certifications:			
Job Title:						
Agency/Company/College:					Preferred Address: <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.	
Business/School Address:						
City:	State:		Zip:			
Business Phone:		Ext:	Fax:			
Business Email:			Cell Phone:			
Home Address:			Home Phone:			
City:	State:		Zip:			
Home Email:					Can VRPS communicate with you through the following? Emails: <input type="checkbox"/> Yes <input type="checkbox"/> No Faxes: <input type="checkbox"/> Yes <input type="checkbox"/> No Resource Groups: <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	
Demographic Information: 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: _____						

PLEASE CIRCLE CHOICE AND REMIT APPROPRIATE PAYMENT

VOTING MEMBERSHIPS: Professional with Agency \$70 Works directly in the delivery of parks, recreation, leisure services and employer is an agency member. Professional \$75 Works directly in the delivery of parks, recreation, leisure services and employer is not an agency member. Retired \$40 Individual retired from the direct delivery of parks, recreation, leisure services. Agency/Organization Membership \$200 Membership includes Director + 1 Professional with the benefits of professional membership. Please include a membership form for Director and Professional along with agency/organization payment. College & University \$115 Includes 1 faculty member with the benefits of professional membership.	NON-VOTING MEMBERSHIPS: Associate \$25 Includes: part-time park/recreation/leisure services employees, board/commission members, or individuals not eligible for professional membership, including volunteers. Student \$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. Commercial \$250 Companies other than non-profit organizations involved in the delivery of leisure services, equipment, supplies, or similar associated activities.
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PAYMENT INFORMATION 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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