

Kansas Recreation and Park Association
700 SW Jackson St Ste 805
Topeka KS 66603-3737
Phone: 785 235-6533 Fax: 785 235-6655

MEMBERSHIP CATEGORIES

Professional: shall be those individuals whose primary occupation is administrative, management, supervisory or specialist in nature in an agency whose function is recreation, park conservation or leisure service; or in some other organization and having similar responsibilities. They shall have all the privileges of membership including the privilege to vote and to hold office.

Associate: shall be individuals Associate Members shall be individuals employed part-time in a recreation, park conservation, leisure service or related agency or non-professional employees affiliate with such an agency; or individuals who are associated with such organizations and do not represent any company, firm or organization selling products or services to agencies represented. Interested laypersons and former Board, Commission, Council or Committee members may be included in this category. Members in this category will not be eligible to vote, hold office or chair committees. **They** may participate in a specific branch in accordance with the guidelines of the branch.

Student: shall be those individuals enrolled in full-time, undergraduate or graduate basis majoring in recreation, parks conservation or related field at an accredited university, college or community college and is not employed full time in a recreation, park conservation or leisure services agency. Members in this category may serve on committees and be eligible to hold office at the branch level but shall not hold voting privileges.

Agency: shall be those individuals representing Administrative or Advisory Boards or Commissions. Members in this category shall be entitled to all privileges of membership except the privilege to vote and to hold office of the Association.

Commercial: shall be individuals, organizations, companies or business firms selling products or services to recreation, park conservation and leisure service agencies. Members in this category shall be entitled to all privileges of membership including the privilege to vote and hold office. Anyone who qualifies for Commercial Membership is not entitled to hold membership in any other category.

Retired Professional: shall be any professional member in good standing and currently retired having reached the age of 55. Members in this category shall be entitled to all the privileges of membership including the privilege to vote and to hold office of the Association.

Honorary Life Time Members: shall be those individuals elected to the Hall of Fame or previously designated as Honorary Life Time Member status. Life Time members shall be exempt from annual dues. Members in this category shall be entitled to all the privileges of membership including the privilege to vote and to hold office of the Association.

MEMBERSHIP APPLICATION

New Membership Renewal

PERSONAL INFORMATION

Name _____

Job Title _____

Agency _____

Mailing Address _____

City _____ State _____ Zip _____

County _____ Office Phone(_____) _____

Fax (_____) _____ Home Phone (_____) _____

Email (print clearly) _____

INDIVIDUAL MEMBERSHIP

- \$60 Professional
- \$55 Agency Member Professional** - Your agency must be a member for you to qualify for this rate
- \$45 Associate
- \$25 Retired Professional
- \$15 Student (Full time only)**

ORGANIZATION OR COMMERCIAL MEMBERSHIP

- \$125 Organization - Military Departments & Universities)
- \$225 Commercial - Firms that sell products or services to parks and recreation agencies

For Individual Members Only:
PRIMARY BRANCH AFFILIATION

Choose your primary branch Affiliation (included in membership fee)

- Primary Branch Affiliation
- Aquatics
 - Park and Natural Resources
 - Recreation
 - KS Therapeutic Recreation Society

For Individual Members Only:
SECONDARY BRANCH AFFILIATION

Choose your secondary branch affiliation(add \$10 to membership fee)

- Aquatics - \$10
- Park and Natural Resources - \$10
- Recreation - \$10
- KS Therapeutic Recreation Society - \$10

\$ _____ **TOTAL DUE**

PAYMENT:

- Check
- MasterCard or VISA

Card Number _____

Exp _____

Name on Card _____

Signature _____

MAIL TO:

Kansas Recreation and Park Association
700 SW Jackson St Ste 805
Topeka KS 66603-3737