

# Professional Membership Application

## July 1, 2020 to June 30, 2021



**PLEASE PROVIDE ALL INFORMATION REQUESTED**

Check One:  New Member

Renewing Member & How long have you been a member? \_\_\_\_\_ years

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Certifications \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### MEMBERSHIP CATEGORIES

Select your membership type below and indicate your affiliations.

#### Individual Membership:

- Full Time Professional, \$200
- Part Time Professional, \$120
- Student Not-Employed Full Time in the Profession, \$35
- Retired Professional or Friend, \$70

#### Group Membership:

For large organization/department of 3+ members:

- First Three Professionals, \$200 Each x \_\_\_\_\_
- Additional Professional, \$100 Each x \_\_\_\_\_
- Policy/Advisory Board/Commission/Council/Committee, \$340

#### University/College Membership:

- All Full Time Faculty and Students in the Discipline, \$500
- Up to 4 Full Time Campus Recreation Dept. Staff, \$500

*Attach a list of all individuals covered under group membership, including all information requested above. For students include name and school email only.*

#### District Affiliation by County

(Select One)

- 1 Bergen, Hudson, Passaic
- 2 Essex
- 3 Union
- 4 Middlesex, Monmouth, Ocean
- 5 Atlantic, Cape May, Cumberland, Salem
- 6 Burlington, Camden, Gloucester, Mercer
- 7 Hunterdon, Morris, Somerset, Sussex, Warren

#### Section Affiliations:

(Select all that apply)

- Aquatics
- Community Recreation
- Individuals with Disabilities
- Multicultural Affairs
- Park Resource
- Active Adults/Seniors (Interest Group)

#### MAKE CHECKS & VOUCHERS PAYABLE TO NJRPA

MAIL or FAX FORM WITH PAYMENT or PURCHASE ORDER TO:

New Jersey Recreation & Park Association  
1 Wheeler Way, Princeton, NJ 08540  
FAX (609) 356-0475 OR [info@njrpa.org](mailto:info@njrpa.org)

#### FORM OF PAYMENT:

Check # \_\_\_\_\_  
 PO/Voucher # \_\_\_\_\_  
 VISA  AMEX  M/C  DS CC# \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Phone \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Signature \_\_\_\_\_

#### FOR QUESTIONS

Call (609) 356-0480 or Visit



Renewal Deadline is August 1, 2020. Membership services cut-off for non-renewals on August 31.

Office Use ONLY: CP \_\_\_\_\_ INV/PO Sent \_\_\_\_\_ MC \_\_\_\_\_ Web \_\_\_\_\_ Letter \_\_\_\_\_ Paid \_\_\_\_\_