

Virginia Recreation & Park Society - Membership ApplicationPostal Mail
6372 Mechanicsville Tpk., Suite 109, Mechanicsville, VA 23111Email
vrps@vrps.comFax
804-730-9455Join Online
www.vrps.com

			Mem	<u>bership</u>	s are n	on-tra	nsfera	able	•		
First Name:			M.I.		Last Na	me:					
Nickname:	name: Co					ons:					
Job Title:				I			I				
Agency/Company/Co	llege:									Preferred Address:	
Business/School Add	ress:									── □ Work □ Home	
City:			Sta	tate: Zip:			:		Address chosen will		
Business Phone:		Ext:		I		Fax:				be used as primary mailing address	
Business Email:		1	Cell Phone:						Business address will be used in the online		
Home Address:		Home Pho		Phone:	e:			directory.			
City:	State:				Zip: Can VRPS communicate with you						
Home Email:					through the following? Emails: Yes No						
Demographic Information: This information is collected to better u						Faxes: Yes No					
members are and how to best serve them.						Resource Groups:					
Gender: Date of Birth:									•	,	
									☐ Aquatics☐ Cultural Diversity		
Years in the Profession/College:									☐ Park Operations		
rears in the Froression,	oonege.								☐ Seniors ☐ Special Events		
									☐ Therapeutic Recreation		
	PLEASE	CIRCLE	CHOIC	E AND F	REMIT	APPRO	OPRIA	TE I	PAYMENT		
VOTING MEMBERSHIPS:					NON-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.				o o o o o o o o o o o o o o o o o o o	Associate						
PAYMENT INFORMATI	ON										
Check #:					Amount Paid: \$						
Credit Card #:					Purchase Order #:						
Name on Card:					Paid by: □ Agency □ Member □ Other						
Expiration Date: Security Code:					Do You Need Invoice? □ Yes □ No						
Card Type: Visa MasterCard American Express Discover					Email A	dress	for Pav	/me	ent Confirmation/Invo	oice:	
Card Billing Address						Email Address for Payment Confirmation/Invoice:					
Street:											
City, State, Zip:						·e:					