

# 2016-17 INDIVIDUAL MEMBERSHIP APPLICATION

Membership valid October 2016-December 2017



MEMBERSHIPS EXPIRE 12/31/17

## APPLICANT INFORMATION

Name:		
Job Title:	Employer:	Certification:
Preferred address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:

## INDIVIDUAL MEMBERSHIP TYPE

*PLEASE SELECT ONE*

- Professional (\$290):** Individual employed full time or part time in Illinois, in the field of parks, recreation or conservation. Members must join at the highest level of eligibility.
- Professional Non Metro (\$270):** Professionals outside of the Chicago Metro Counties of: Cook, DuPage, Lake & Will.
- Advocate (\$100):** Full time educator or university employee in the field, full time professionals working outside of Illinois, a person representing an association or foundation related to the field, a person retired from the field or actively seeking employment in the field.
- Student (\$0):** Individuals enrolled at a university or college with a major or minor in the field of parks & recreation.

## SPECIAL INTEREST GROUP(S)

*SELECT ALL THAT INTEREST YOU*

- |  |   |
|--|---|
| <input type="radio"/> Administration & Finance   | <input type="radio"/> Facility Management                 |
| <input type="radio"/> Communications & Marketing | <input type="radio"/> Parks & Natural Resource Management |
| <input type="radio"/> Diversity                  | <input type="radio"/> Recreation                          |
|  | <input type="radio"/> Therapeutic Recreation              |

## PAYMENT INFORMATION

Cardholder Name:		
Card Number:	Billing Address:	
Credit Card: Visa   MC   Discover	Security Code:	Expiration:

**Return completed form to the Illinois Park & Recreation Association  
Sheila@ilipra.org or fax: 708-354-0535**