



MONTANA RECREATION & PARK ASSOCIATION Membership Application Form

Please complete the following information: (print please)

Name: _____ Title: _____

Agency: _____

Agency Mailing Address: Street/P.O. Box _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Fax: (____) _____

E-mail: _____

Are you currently certified through NRPA? YES NO

Check your category of membership: Professional (\$60)
 Associate (\$30)
 Commercial (\$80)
 Institutional (\$200)

For the Institutional membership, provide the above information for up to four individuals.

Check your special interest section(s): Natural Resource Management
 Administrative Development
 Rec. Programming/Aquatics
 Tourism/Commercial Recreation
 Therapeutic Recreation
 Legislative Issues

I hereby apply for membership in the Montana Recreation & Park Association. I will abide by the Association's by-laws, support its goals and objectives and pay the yearly dues established for my category of membership.

Signature: _____

**PLEASE MAKE CHECKS PAYABLE TO: M.R.P.A. MRPA's Tax ID # is 81-0407620
The membership year is January thru December.**

Mail this completed application to:
**MRPA Membership Chair
ATTN: Jamie Saitta
Bozeman Recreation Dept.
P.O. Box 1230
Bozeman, MT 59771**