



**2018 MONTANA TRAILS, RECREATION & PARKS  
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 membership category:**  
\_\_\_\_\_ Professional (\$60)  
\_\_\_\_\_ Associate (\$30)  
\_\_\_\_\_ Commercial (\$80)  
\_\_\_\_\_ Institutional (\$200)

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

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

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

**Signature:** \_\_\_\_\_

MAKE CHECKS PAYABLE TO: MTRPA. MTRPA's Tax ID No: 81-0407620

Mail completed application to: MTRPA Membership Chair  
Attn: Chris Waite  
Billings Parks  
390 N 23<sup>rd</sup> St  
Billings, MT 59101