



**2021 MONTANA TRAILS, RECREATION & PARKS
ASSOCIATION
Membership Application Form**

Please complete the following information: (print please and **attach organization's member names if applicable**)

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 Membership

- | | |
|--|--|
| ___\$60 Individual Professional | Single Parks and Recreation professional |
| ___\$120 Small Organization (20 members) | Population 4,999 and below |
| ___\$240 Mid-Sized Organization (40 members) | Population between 5,000-19,999 |
| ___\$360 Large Organization (60 members) | Population above 20,000 |

Affiliate, Partner, Educational Institution Membership

- | | |
|--|--|
| ___\$15 Individual Student | Single Student |
| ___\$20 Individual Affiliate/Advocate | Single Affiliate/advocate |
| ___\$60 Nonprofit/Affiliate Organizations (20 members) | Staff/Board Members/Partners |
| ___\$120 Educational Institution | All students majoring in parks, recreation, forestry, or related fields and professors |

Commercial Membership

- | | |
|--|--|
| ___\$80 Commercial | Individual Membership |
| ___\$240 Individual Affiliate/Advocate | Membership for all employees/Preferred table location at Conference/Discounted conference registration. |
| ___\$360 Commercial Premiere | Membership for all employees/Website Ad for one year Preferred table location at conference/Discounted Conference registration |

Check your special interest section(s):

For those registering an organization or group, please provide interest area for each member on the roster you attach.

___ Natural Resource Management

___ Administrative Development

___ Recreation Programming/Aquatics

___ Tourism/Commercial Recreation

___ Therapeutic Recreation

___ Legislative Issues

___ Other (Please specify)

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: 81-04076

MAIL COMPLETED FORM TO:

MTRPA Membership Chair
ATTN: Jamie Saitta
PO Box 1230
Bozeman, MT 59771

