



# Alaska Recreation & Park Association Membership Application

New Member  Last Name \_\_\_\_\_  
Renewal  First Name \_\_\_\_\_  
Info Update  Employer/University \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

<b>Type of Membership</b>	Professional \$40 _____	Retired Professional \$25 _____
Citizen \$25 _____	Associate \$25 _____	Organization \$100 _____
Commercial \$50 _____	Professional \$40 _____	Retired Professional \$25 _____
Agency \$150 _____	Lifetime \$300 _____	Student \$0 _____

## Special Interest Section (one included with membership - each additional only \$5)

Aquatics \_\_\_\_\_ Citizen Boards \_\_\_\_\_ Parks Maintenance \_\_\_\_\_  
Recreation Services \_\_\_\_\_ TR & Adaptive Rec \_\_\_\_\_ Wildlands \_\_\_\_\_

## Method of Payment

Credit Card Card Number \_\_\_\_\_  
Name of Cardholder \_\_\_\_\_  
Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Check (enclosed) \_\_\_\_\_ Purchase Order - Please Invoice Me \_\_\_\_\_

Please mail to: PO Box 196650  
Anchorage, AK 99519-6650