## 2024 PROFESSIONAL MEMBERSHIP APPLICATION

Individual Professional Member: \$180

| Name: | Title: |  |  |  |
| :--- | :--- | :--- | :---: | :---: |
| Agency/Company Name: | State: |  |  |  |
| Mailing Address: | Zip: |  |  |  |
| City: | State: | Zip: |  |  |
| Street Address (If difference than mailing): | Fax: | Website: |  |  |
| City: |  |  |  |  |
| Phone: |  |  |  |  |
| Email: |  |  |  |  |

Please select all professional networks you are interested in:
$\square$ Aquatics Network
$\square$ Athletic Management NetworkFacilities NetworkLeadership Development NetworkMembership Resources NetworkPark Maintenance and Operations NetworkProgramming NetworkYoung Professional and Student Network

## Please make checks payable to: MRPA

SUBMIT FORM \& PAYMENT TO:
Minnesota Recreation \& Park Association Attn: Membership 200 Charles Street NE Fridley, MN 55432

