



2025 MONTANA TRAILS, RECREATION & PARKS ASSOCIATION

Membership Application Form

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

Name: _____ Title: _____

Agency: _____

Agency Mailing Address: Street/PO 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 Membership | Single Parks and Recreation professional |
| ___ \$120 Small Organization (20 members) | Population 4,999 or below |
| ___ \$240 Mid-Sized Organization | 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**

Single Parks and Recreation professional

___ \$240 **Individual Affiliate/Advocate**

Population 4,999 or below

___ \$360 **Commercial Premiere**

Membership for all employees, website ad for one-year, preferred table location at conference, and discounted conference registration

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:

Email form to kcanter@bozeman.net or mail with check. Make checks payable to MTRPA. Send to:

City of Whitefish Parks & Recreation

ATTN: Carla Belski

P.O. Box 158

Whitefish, MT 59937

MTRPA's Tax ID No: 81-04076