

GEORGIA RECREATION AND PARK ASSOCIATION, INC.
1285 PARKER ROAD
CONYERS, GEORGIA 30094-5957
(770) 760-1403 FAX (770) 760-1550

APPLICATION FOR NEW AGENCY

GRPA, Inc. Board of Trustees has adopted the following AGENCY MEMBERSHIP definitions:

1. **ADMINISTRATIVE PERSONNEL** – to be eligible for new agency membership, an organization must employ a full-time, year round salaried leisure services director.
2. **PLANNING** – agency organized for the purpose of providing recreational, parks and leisure services to meet the needs of the total community, conforming with the aims and objectives of the Georgia Recreation and Park Association, Inc.
3. **PROGRAMMING** – agency organized for the purpose of providing recreational, parks and leisure services for a specified geographical location to include sponsoring a variety of facilities, activities and programs well distributed throughout the year and aligning its aims and objectives consistent with those of the Georgia Recreation and Parks Association, Inc.

All new agency membership applicants shall be required to file, with the Association Membership Chair, the following information before membership can be considered. **The fee for this category shall be \$400 annually to be paid after approval process.**

1. AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DISTRICT: _____

2. NAME OF FULL-TIME SALARIED AGENCY ADMINISTRATOR _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

3. LIST ALL EXAMPLES OF ACTIVITIES AND SERVICES PROVIDED: _____

4. LIST THE AIMS AND OBJECTIVES OF THE APPLYING AGENCY: (if necessary attach separate sheet) _____

ALL NEW AGENCY MEMBERSHIP APPLICANTS SHALL BE INVITED TO APPEAR BEFORE THE BOARD OF TRUSTEES FOR FINAL MEMBERSHIP APPROVAL.

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

SIGNATURE: _____ TITLE: _____ DATE: _____

Approval Process for New Agency

District Commissioner: _____ **Date:** _____

Membership Chair: _____ **Date:** _____

President: _____ **Date:** _____