



Membership Form

To apply online go to
www.theacademyofleisuresciences.org

Name: _____

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Telephone: _____ Email: _____

If you are employed:

Title: _____ Employer: _____

Employment address: _____

City: _____ State: _____ Zip: _____

Work phone: _____

Classification of employer (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> State government |
| <input type="checkbox"/> Municipal/county/local/district govt. | <input type="checkbox"/> Private business |
| <input type="checkbox"/> Nonprofit organization | <input type="checkbox"/> Other _____ |

If you are a student:

School attending: _____

Degree sought: Associate or Undergraduate Masters Doctorate

Expected date of graduation: _____

Please indicate your professional areas of interest (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Community parks and recreation | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Entrepreneurship and commercial | <input type="checkbox"/> Therapeutic recreation |
| <input type="checkbox"/> Health and physical activity | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Youth development |
| <input type="checkbox"/> Leisure behavior | <input type="checkbox"/> Festivals and events |
| <input type="checkbox"/> Natural resource and outdoors | <input type="checkbox"/> Other: _____ |

Regular Membership/\$50.00 Retiree Membership/\$25.00 Student Membership/\$20.00

I would like to make a donation to:

Member fees \$ _____
 Future Scholars \$ _____
 JJ Bannon Lecture Series \$ _____

**Complimentary
 Electronic Copy**

PALAESTRA

**Please make check payable to:
 The Academy of Leisure Sciences
 1807 N. Federal Dr.
 Urbana, IL 61801**

TOTAL \$ _____