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):

☐ Education
☐ Federal government
☐ Municipal/county/local/district govt.
☐ Nonprofit organization
☐ Consultant
☐ State government
☐ Private business
☐ 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):

☐ Community parks and recreation
☐ Entrepreneurship and commercial
☐ Health and physical activity
☐ Hospitality
☐ Leisure behavior
☐ Natural resource and outdoors
☐ Sports
☐ Therapeutic recreation
☐ Tourism
☐ Youth development
☐ Festivals and events
☐ 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

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

TOTAL $ ______________

PALAESTRA