



## Association of Outdoor Recreation and Education Membership Application Form

First Name:

Last Name:

Title:

Organization:

Address:

Address (2):

City:

State:

Zip:

Country:

Email:

Cell:

Office:

Fax:

### Membership Type

---

- Student Supporter:** Students who are interested in exploring the field of outdoor recreation and education. **\$25**
- Associate:** Individuals not directly working in outdoor recreation or related fields, or a retiree of the industry. **\$80**
- Student Professional:** Full-time undergraduate and part- or full-time graduate students, interested in pursuing the profession of outdoor recreation and education. **\$100**  
*I qualify for the Organization Membership discount price of \$80. I am affiliated with the following Organization Member:*
- Professional:** Full- or part-time professionals working in outdoor recreation and education or related fields. **\$150**  
*I qualify for the Organization Membership discount price of \$120. I am affiliated with the following Organization Member:*
- Organization:** College, university, government/municipal agency and military outdoor recreation and/or education programs. This membership category includes one professional, one associate and one student professional membership. It also allows for up to six new AORE Student Professionals or Professionals to join the Association for a 20% discount. **\$500**
- Vendor:** Not-for-profit, for profit, associations or organizations who provide services or products. **\$750**

### Membership Benefits & Cancellation Policy

---

AORE reserves the right to change membership benefits and offerings during your membership period. Annual Association Memberships are non-refundable. All members will be added to the Association Listserv upon registration. Members may then elect to remove themselves from the Listserv if they so choose. AORE, as a service to its members, includes the contact information in an electronic membership directory as a means of promoting networking within the Association.

I agree to the policy above and acknowledge that I meet the criteria of the membership type selected above.

Check this box if you DO NOT want your contact information to be printed in the membership directory.

### Payment Information

---

Card #:

Security Code:

Expiration:

Billing Address:

Cardholder Name:

Signature:

### Return To

---

AORE National Office, 1100 N Main Street, Suite 101, Ann Arbor, MI 48104 P: 810.299.2782 F: 810.299.3436 E: nationaloffice@aore.org