



## KPHRA APPLICATION FOR MEMBERSHIP

(Print form, complete, and mail to address below)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Membership Type:    \_\_\_\_\_ Individual (\$50.00)  
                                  \_\_\_\_\_ Agency (\$100.00—Designate two voting members)\*  
                                  \_\_\_\_\_ Total Enclosed (make checks payable to “KPHRA”)

- A check for the appropriate amount is enclosed.
- I understand that should I choose to participate in the Certification Program, I must acquire, read, and follow the Guidelines & Procedures for the Certification Program. \*\*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Send application to: KPHRA Treasurer, c/o KY Institute of Public Governance & Civic Engagement,  
521 Lancaster Ave., 113 McCreary Hall, Richmond, KY 40475.***

\*Agency members may send up to 4 people to meetings at membership rates.

\*\* You will be mailed a copy of the Guidelines & Procedures, as well as an application for the Certification Program. You must fill this out and return it to be included in the Certification Program.