

**IDRA Membership Services**

**INTERIOR DEPARTMENT RECREATION ASSOCIATION MEMBERSHIP APPLICATION**

**Please mail to:**

**Interior Department Recreation Association**

**PO Box 8642**

**Silver Spring, MD 20907**

**Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_**

**Street Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_**

**Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_**

**Office Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_**

**E-Mail \_\_\_\_\_**

**Type of Payment:**

**\_\_\_ \$15.00 Annual Association Fee for DOI, OPM, OAS employees**

**\_\_\_ \$17.00 Annual Association Fee for GSA, & other employees**

**Employment:**

**\_\_\_ OPM \_\_\_ OAS \_\_\_ GSA \_\_\_ STATE \_\_\_ RED CROSS \_\_\_ Others**

**DOI employees please check the bureau**

**\_\_\_ BIA \_\_\_ BLM \_\_\_ BOR \_\_\_ FWS \_\_\_ MMS \_\_\_ NBC**

**\_\_\_ NPS \_\_\_ OIG \_\_\_ OS \_\_\_ OSM \_\_\_ USGS \_\_\_ SOL Other: \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Office use only:**

**Member Number \_\_\_\_\_ Effective Date \_\_\_\_\_**

**Action Plan Type \_\_\_\_\_ Amount Paid \_\_\_\_\_**