



# HUDSON VALLEY LEISURE SERVICES ASSOCIATION

PO BOX 54, NEW CITY, NEW YORK 10956

Website: [www.hvlsa.org](http://www.hvlsa.org)

Email: [info@hvlsa.org](mailto:info@hvlsa.org)

PARKS, RECREATION, LEISURE AND THERAPEUTIC RECREATION PROFESSIONALS AND SUPPORTERS  
SERVING THE COUNTIES OF DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN AND ULSTER – INVITE  
YOU TO BECOME A MEMBER OF

## HUDSON VALLEY LEISURE SERVICES ASSOCIATION

**MEMBERSHIP CATEGORIES:** All memberships are annual beginning in June and ending in May.

1. Membership Deluxe:     **\$95**           Open to all candidates. Includes annual dues and (8) HVLSA luncheons.
2. Commission Board:   **\$40**           Open to candidates who serve our profession in appointed and elected capacities on boards, councils, and or committees.
3. Associate:               **\$25**           Open to the following candidates:
  - ★ Educators – in a structured setting related to leisure, recreation, parks, outdoor and therapeutic education.
  - ★ Municipal/Community – Federal, state or local programs encompassing all facets of recreation.
  - ★ Therapeutic – Serving people with varying levels of ability
  - ★ Commercial – Organization or industry which provides recreation services/ products.
4. Student:                 **\$15**           Open to Full Time (12 credit minimum) Students majoring in Parks, Recreation, Leisure, and or Therapeutic Recreation.

For more information call:

Beekman Recreation and Parks – 845-227-5783

Union Vale Parks and Recreation – 845 -724-5691

Clarkstown Parks and Recreation – 845- 639-6200

Orange County Parks and Recreation – 845-457-4910

\* \*\*\*\* CLIP AND MAIL TO HVLSA PO BOX 54 NEW CITY NY 10956\*\*\*\*\*

**Membership Year:**     **June 2018 to May 2019** (Please complete, check for accuracy/legibility)

✓ Check your membership choice:   \_\_Deluxe           \_\_\_Associate           \_\_\_Commission

If Associate, circle type: (Educator, **Municipal/Community**, Therapeutic, or Commercial)

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

Mailing Address: \_\_\_\_\_

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

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

What year did you become a Full Time Recreation Professional? \_\_\_\_\_

**WRITE YOUR CHECK TO HVLSA AND MAIL TO:**  
**HVLSA, PO BOX 54, NEW CITY, NY 10956**

HVLSA ESTABLISHED 1975