



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

# 2024/25 Associate Membership Application

July 1, 2024 through June 30, 2025

Please complete and return along with dues payment.

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

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

Primary Contact : \_\_\_\_\_ Title: \_\_\_\_\_  
*(Receives membership renewal info)*

Primary Contact Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_

CEO/Exec/Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

CEO/Exec/Administrator Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_



**Dues** (includes National Council membership) - \$1,180

Please make check payable to "Rehabilitation and Community Providers Association" and forward, along with completed application, to:

RCPA  
777 E Park Dr, Ste G4  
Harrisburg, PA 17111

**Application is your invoice.**  
**Dues payment, along with a completed application, are required to process membership.**  
**Approximately 13% of your membership dues are not tax deductible.**

Questions or to make ACH payments, contact Tieanna Lloyd (717-963-3609 or [tlloyd@paproviders.org](mailto:tlloyd@paproviders.org)).  
Thank you for your support of RCPA!