



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2024/25 Association Membership Application

July 1, 2024 through June 30, 2025

Please complete and return along with dues payment.

For Trade or Professional Associations

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Website: _____

Primary Contact: _____ Title: _____
(Receives membership renewal info)

Primary Contact Email: _____ Mobile #: _____

CEO/Executive Director: _____ Title: _____

CEO/Exec/Administrator Email: _____ Mobile #: _____



DUES CALCULATION— For verification purposes, please submit a complete list of your membership along with this application.

- A. Number of members in your organization: _____
- B. Number of your members currently in RCPA membership: _____
- C. B divided by A = _____%

Annual membership dues are determined using the following graduated scale. Use % amount in line C.

100% to 75%	\$1,775
74% to 50%	\$2,950
49% to 25%	\$4,140
24% to 0%	\$5,325

Dues (includes National Council membership): _____

Please make the 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).
 Thank you for your support of RCPA!