



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2024/25 Business Insurer 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/Executive Director: _____ Title: _____

CEO/Executive Director Email: _____



Dues (includes National Council membership) - \$3,135

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 Tianna Lloyd (717-963-3609 or tlloyd@paproviders.org).
Thank you for your support of RCPA!