



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2024/25 Government 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):

- If your organization acts strictly in an administrative role and provides **no direct services** - **\$1,185**
- If your organization provides direct services with total gross budgeted revenue of **\$3 million or less** (account for direct services only) - **\$2,365**
- If your organization provides direct services with total gross budgeted revenue of **more than \$3 million** (account for direct services only) - **\$3,600**

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).
Thank you for your support of RCPA!