

*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) - \$1,215**

**This application is your invoice.**  
**Approximately 14% of your membership dues are not tax deductible.**

Dues payment, along with a completed application, are required to process membership.

- Paying via ACH? Forward completed application via email to Tieanna Lloyd (tlloyd@paproviders.org).
- Paying via check? Mail completed application and payment to RCPA, 777 East Park Drive, Suite G4, Harrisburg, PA 17111. Make check payable to "Rehabilitation and Community Providers Association."

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