

2025/26 Association Membership Application

July 1, 2025 through June 30, 2026

For Trade or Professional Associations

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 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%	\$1,830
74% to 50%	\$3,040
49% to 25%	\$4,265
24% to 0%	\$5,485

Dues (includes National Council membership): _____

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!