



2025/26 Business Insurer Membership Application

July 1, 2025 through June 30, 2026

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) - \$3,230

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.

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