

2025/26 Business 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 #: _____

Please indicate what products/services your organization provides (*in 1 - 2 sentences*):



Membership Dues (includes National Council membership) - \$2,100

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!