

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** - **\$1,220**
- If your organization provides direct services with total gross budgeted revenue of **\$3 million or less** (account for direct services only) - **\$2,435**
- If your organization provides direct services with total gross budgeted revenue of **more than \$3 million** (account for direct services only) - **\$3,710**

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!