



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2019/20 Association Membership Application

July 1, 2019 through June 30, 2020

Please complete and return to RCPA, 777 E Park Dr, Ste 300, Harrisburg, PA 17111-2754.

For Trade or Professional Associations

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Website: _____

Primary Contact: _____ Title: _____

(Receives membership renewal info)

Primary Contact Email: _____

CEO/Executive Director: _____ Title: _____

CEO/Executive Director Email: _____



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%	\$1,590
74% to 50%	\$2,650
49% to 25%	\$3,715
24% to 0%	\$4,775

Association Membership Dues (includes National Council membership): _____

Please make the check payable to "Rehabilitation and Community Providers Association" and remit payment and completed application to:

RCPA
777 E Park Dr, Ste 300
Harrisburg, PA 17111-2754

This serves as your invoice.

Approximately 9.5% of your membership dues are not tax deductible.

Questions? Please contact Tieanna Lloyd, Accounts Receivable/Membership Services Manager, at 717-963-3609 or tlloyd@paproviders.org. Thank you for your support of RCPA!