



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2019/20 Business Insurer 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.

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: _____



Business Insurer Dues (includes National Council membership) - \$1,910

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!