



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2026/27 Associate Membership Application

July 1, 2026 through June 30, 2027

Please complete and return along with dues payment.

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 #: _____



Membership Dues (includes National Council membership) - \$1,255

**This application is your invoice.
Approximately 18% of your membership dues are not tax deductible.**

Dues payment, along with a completed application, are required to process membership.

Paying via ACH—Email completed application and confirmation of ACH payment to RCPA Membership Services/Business Partnerships Manager 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!