



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

2026/27 Business Insurer Membership Application
July 1, 2026 through June 30, 2027

Organization:
Address:
City: State: Zip:
Phone: County:
Website:
Primary Contact: Title:
(Receives membership renewal info)
Primary Contact Email: Mobile #:
CEO/Executive Director: Title:
CEO/Executive Director Email:



Membership Dues (includes National Council membership) - \$3,500

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!