



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

# 2026/27 Business 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 #: \_\_\_\_\_

Please indicate what products/services your organization provides *(in 1 - 2 sentences)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Membership Dues (includes National Council membership):

- **Tier 1** includes basic membership benefits — \$2,250
- **Tier 2** includes Tier 1 benefits plus the promotion of two webinars — \$3,250  
*(promotion includes inclusion in Daily Update and listing on RCPA website, along with one reminder)*
- **Tier 3** includes Tier 2 benefits plus hole sponsorship at golf event — \$3,750

**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 Tieganna 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 Tieganna Lloyd (717-963-3609 or tlloyd@paproviders.org). Thank you for your support of RCPA!