



IPRC
International
Pediatric Rehabilitation
Collaborative

2017/18 Membership Application

July 1, 2017 through June 30, 2018

Payment instructions are on the second page of this document.

Step 1: Organization Information

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Step 2: Primary Contact Information

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Step 3: Work Group Representatives

Advocacy, Education, and Membership

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Outcomes and Best Practices

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Step 4: Additional Contact

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Step 5: Membership Dues

Organizations outside Pennsylvania- \$850

Please note: Organizations with Pennsylvania operations are required to be members of Rehabilitation and Community Providers Association (RCPA). Please contact RCPA Accounts Receivable/Membership Services Manager Tieanna Lloyd for additional information (717-364-3280 or tlloyd@paproviders.org.)

Check Payments

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

Credit Card Payments

If paying with a MasterCard or Visa, a surcharge of 4% will be added to the dues amount, for a total of \$884. Please provide the information below and fax the application to 717-364-3287. A receipt will be emailed to the primary contact. *For security reasons, credit card information cannot be received via email.*

Name on card: _____

Billing Address: _____

Billing City, State, ZIP: _____

Card Number: _____

Exp Date: _____ CVV code: _____

This application serves as your invoice. Approximately 10% of your membership dues are not tax deductible.

Thank you for your membership in IPRC, a collaborative sponsored by RCPA!