



**IPRC**  
International  
Pediatric Rehabilitation  
Collaborative

## 2018/19 Membership Application

July 1, 2018 through June 30, 2019

*Payment instructions are on the final page of this document.*

### Step 1: Organization Information

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Contact Fax: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

**Facility Type**—Please check the box(es) that best describe your organization.

**Hospital-Based**

Free-Standing Rehab Hospital

Pediatrics Only

Pediatrics & Adults

General Hospital

Acute Care Therapy Services

IRF— Ped Rehab Unit

IRF— Ped & Adult Rehab Unit

NICU

Children's Hospital

Acute Care Therapy Services

IRF— Ped Rehab Unit

NICU

**Outpatient Clinic**

Pediatrics Only

Pediatrics & Adults

**Residential Facility**

**Non-Medical**

University

School System

**Other (please specify):** \_\_\_\_\_

**Services**—Please select all services that your organization provides.

- Aquatics
- Behavioral Health Services
- Day Hospital
- Early Intervention
- Home Care
- Inpatient Rehabilitation
- Long-Term Care
- Outpatient Rehabilitation
- Palliative Care
- School/Education Services
- Specialty Clinics
  - Augmentative Communication
  - Pain
  - Other: \_\_\_\_\_
- Equipment
- Feeding
- Spasticity Management
- Other: \_\_\_\_\_

**Step 2: Committee Representatives**

***Advocacy, Education, and Membership***

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

***Outcomes and Best Practices***

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Step 3: Additional Contact Person**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Step 4: 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 (717-963-3609 or [tlloyd@paproviders.org](mailto:tlloyd@paproviders.org).)*

### Check Payments

Please make the check payable to “Rehabilitation and Community Providers Association” and remit payment and completed application to:

Rehabilitation and Community Providers Association  
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 sent via email.*

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV code: \_\_\_\_\_

\_\_\_\_\_  
Name of individual completing form (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of individual completing form

**This application serves as your invoice.**

**Approximately 10.22% of your membership dues are not tax deductible.**

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