



2020/21 Membership Application

July 1, 2020 through June 30, 2021

Payment information & signature required on the last page.

Step 1: Organization Information

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Website: _____

Primary Contact: _____

Title: _____

Phone: _____ Email: _____

Renewal Contact (*if different from Primary Contact*): _____

Title: _____

Phone: _____ 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 - 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
 - Equipment
 - Feeding
 - Pain
 - Spasticity Management
 - Other: _____
- Other: _____

Step 2: Committee Representatives

Advocacy, Education, and Membership

Name: _____
Title: _____
Phone: _____ Email: _____

Outcomes and Best Practices

Name: _____
Title: _____
Phone: _____ Email: _____

Step 3: Additional Contact Person

Name: _____
Title: _____
Phone: _____ 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.)

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 G4
Harrisburg, PA 17111

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, applications with credit card information must be mailed or faxed, or payment information can be shared over the phone. *It 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 10.5% of your membership dues are not tax deductible.

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