



IPRC
International
Pediatric Rehabilitation
Collaborative

IPRC 2014/15 Membership Form

Step 1: Facility Information

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web Site: _____

Step 2: Membership Dues

For facilities outside of Pennsylvania, IPRC membership dues are **\$500**

Facilities with Pennsylvania operations are required to be members of the Rehabilitation and Community Providers Association. Please indicate your total gross budgeted revenue for all Pennsylvania rehabilitation programs in the recently completed fiscal year: _____

RCPA will invoice you for the processing of payment.

Payment method:

☐ Check ☐ Visa ☐ Mastercard

For credit card payments:

Card number: _____

Name as appears on card: _____

Signature: _____

Expiration date: _____ 3-digit security code _____ Billing Zip Code _____

Amount: _____

Please return completed application and dues to:

Rehabilitation and Community Providers Association
777 East Park Dr, Ste 300
Harrisburg, PA 17111-2754
Fax: 717-364-3287

THANK YOU FOR YOUR MEMBERSHIP AND PARTICIPATION IN IPRC!

Step 3: Primary Contact Information

Primary Contact: _____
Title: _____
Phone: _____ Fax: _____
Email: _____

Step 4: Work Group Representatives

Who at your facility would like to receive information on:

Membership and Advocacy

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

Education

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

Best Practice and Clinical Innovation

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

Outcomes and Research

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

Step 5: Additional Contacts

Are there other individuals at your facility who would like to receive IPRC information?

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

Please attach contact information for any additional contacts