



**IPRC**  
International  
Pediatric Rehabilitation  
Collaborative

## 2026/27 Membership Application

July 1, 2026 through June 30, 2027

### 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:

**Free-Standing Rehab Hospital**

Pediatrics Only

Pediatrics & Adults

**General Hospital**

Acute Care Therapy Services

IRU—Ped Rehab Unit

NICU

**Children's Hospital**

Acute Care Therapy Services

IRU—Ped Rehab Unit

NICU

**Outpatient Clinic**

**Residential Facility**

#### Non-Medical

University

School System

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

**SERVICES** - Select all services that your organization provides.

- Aquatics       Behavioral Health Serv       Day Hospital       Early Intervention  
 Home Care       Inpatient Rehab       Long-Term Care       Outpatient Rehab  
 Palliative Care       School/Education Services

Specialty Clinics:

- Augmentative Communication       Equipment       Feeding       Pain       Spasticity Management  
 Other Specialty Clinics: \_\_\_\_\_  
 Other Services: \_\_\_\_\_

**Membership Dues for Organizations Outside of Pennsylvania—\$980**

**We accept the following methods of payment:**

**ACH Payments** Email completed application and confirmation of ACH payment to RCPA Membership Services/Business Partnerships Manager Tieanna Lloyd (tlloyd@paproviders.org).

**Check Payments** Make 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** Complete the following steps:

- **Step 1**—Use [this link](#) to make payment. A surcharge of 4% will be added to the dues amount, for a total of \$1,019.20. You will receive an email receipt.
- **Step 2**– Email the completed application to Tieanna Lloyd (tlloyd@paproviders.org).

**NOTE:** *Both your dues payment and a completed application are required to process your membership renewal.*

**Sign and Date the Application**

\_\_\_\_\_  
Name of individual completing form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.

Questions? Contact Tieanna Lloyd (717-963-3609 or tlloyd@paproviders.org).

Thank you for your support of IPRC and RCPA!