

# PA PROVIDERS COALITION ASSOCIATION

## Associate Member Form

**An Associate Member is a Pennsylvania disability advocacy organization or an association that is not itself a provider of Office of Long Term Living Services.**

Corporate name	
Address/zipcode	

President/CEO/ED Name			
Telephone		E-mail	
Web Site Address			

Please describe the organization's mission or purpose:

I certify that the organization is not a provider of any community services of the Office of Long Term Living. I understand that this information will be used to determine compliance with the associate member criteria for membership in the PA Providers Coalition Association.

Name, Title and signature of person authorized to submit the Associate Member Form:	
Name and Title:	
Signature:	Date:

Please submit this form to PA-PCA at 908 North Second Street, Harrisburg, PA 17102 or by fax to 717.236.2046. An invoice will be generated for payment of annual dues of \$250.