

PRIVATE PROVIDERS ASSOCIATION OF TEXAS 2020 Service Associate Membership Application

Service Associate Membership – Non-voting membership granted to an individual or business entity not qualifying for Regular Membership but dedicated to the delivery of services and/or products to people with developmental disabilities and/or the providers of direct services. You can complete this form with Adobe Reader or print and complete.

Dues are \$1,000.00

Membership In	formation:				
Contact Name:_					
Business Name	<u>:</u>				
Address:		City:		_ST:ZIP:	
Telephone:		FAX:			
Email:			_Website:		
Payment Infor	mation:				
\$	TOTAL PAYMENT EI	NCLOSED			
Check (Ple	ease make payment pay	rable to PPAT)			
Credit Card:	American Express	Discover	MasterCard	VISA	
Credit Card #:_				Exp. Date:	
Credit Card Holder Name:				CVV:	
Note: Personal or c menu click on "Fill You can create a se computer and ema	der Signature:	process application of information. You following the on-s gnatures - after co	ns using a credit car will be prompted to screen instructions. Impletion, print, sig	d. (In Adobe Acrobat too o add your digital ID/sig. After completion, save t n & fax to PPAT.)	nature
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As a member benefit, PPAT provides links to members' websites on its webpage.

To **receive** (if you are a new Associate member) or to **revise** (if you are a current Associate member and renewing your membership for CY 2020) **your complimentary advertisement on PPAT's website**, please submit the following:

Business Card Sized Advertisement: Email electronic file in JPEG to jaimppat@aol.com. We are unable to process PDF files.

Upon receipt of payment and all requested information, your advertisement & link to your website will be posted on PPAT's website within 7 days.

Forward your completed application with payment by **January 20, 2020** to:

PPAT • 8711 Burnet Rd., Suite E-53 • Austin, TX 78759

512.452.8188 • 512.458.3078 fax • ppat100@aol.com • www.ppat200.com