



PRIVATE PROVIDERS ASSOCIATION OF TEXAS
2022 Membership Application

Please complete both pages of this application and return with payment to the PPAT Office. PPAT retains the right to verify all information provided on this application. You can complete this form with Adobe Reader or print and complete.

GENERAL INFORMATION

Company/Organization:
Contact: Title:
Address: City: ST: ZIP:
Phone Number: Fax Number:
E-mail: Website:

REGULAR MEMBERSHIP -In accordance with the bylaws, all beds/persons served in ICF, HCS, and TxHmL must be reported and paid for to be a member in good standing.

I. ICF and HCS. Complete all information below:

Total # of ICF beds
Total # of persons served in HCS
Total Number

Total Dues Payable \$

DUES:

- 11 or less beds/persons served: \$750.00
More than 11 beds/persons served:
First 300: \$65.00 per bed/person
Over 300 but less than 501: plus \$45.00 per bed/person
Over 501 but less than 1001: plus \$30.00 per bed/person
Over 1001: plus \$25.00 per bed/person

II. TxHmL - Complete all information below:

Total # of TxHmL persons served

Total Dues Payable \$

DUES:

- \$15.00 per person

**TOTAL DUES and FEES**

\$ \_\_\_\_\_ ICF and HCS Dues Payable  
\$ \_\_\_\_\_ TxHmL Dues Payable  
\$ \_\_\_\_\_ Outstanding Fees Owed  
\$ \_\_\_\_\_ Total Amount Owed  
- \$ \_\_\_\_\_ Total Amount Enclosed  
\$ \_\_\_\_\_ BALANCE DUE

**NOTE:** Contributions and gifts to the Association are not deductible as charitable contributions for federal income tax purposes. Payments of membership dues are deductible for most members under Section 162 of the Internal Revenue Code as an ordinary and necessary business expense. For CY 2022 we have estimated that 12% of a member’s dues are non-deductible.



**METHOD OF PAYMENT - Please check one:**

Full Dues Enclosed  
Will pay over a three (3) consecutive month plan.  
Request payment schedule as follows:  
Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

**TYPE OF PAYMENT**

**Payment Information:**

\$ \_\_\_\_\_ TOTAL PAYMENT ENCLOSED

Check (Please make payment payable to PPAT)

Credit Card: American Express Discover MasterCard VISA  
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Credit Card Holder Name: \_\_\_\_\_ CVV: \_\_\_\_\_  
Credit Card Holder Signature: \_\_\_\_\_

Note: Personal or digital signature required to process applications using a credit card. (In Adobe Acrobat tools menu click on "Fill & Sign". Complete requested information. You will be prompted to add your digital ID/signature. You can create a secure digital ID/signature by following the on-screen instructions. After completion, save to your computer and email to PPAT. For non-digital signatures - after completion, print, sign & fax to PPAT.)

**Note: Credit Card payments will be automatically charged on the scheduled payment plan date.**



Forward your completed application with payment by **January 17, 2022** to:

**Private Providers Association of Texas**  
**8711 Burnet Road, Suite E-53 • Austin, TX 78757**  
**512-452-8188 • Fax 512-458-3078 • ppat100@aol.com • www.ppat200.com**