

PRIVATE PROVIDERS ASSOCIATION OF TEXAS

2024 Center/Local Authority Associate Membership Application

Associate Membership – Non-voting membership granted to an organization not qualifying for Regular membership, but which is a public provider of services to people with intellectual and developmental disabilities. You can complete this form with Adobe Reader or print and complete.

Dues:

Contact Name:

- \$1,000.00 for centers/local authorities with an annual IDD services budget of less than
 \$3 million.
- \$3,000.00 for centers/local authorities with an annual IDD services budget of \$3 million or more, but less than \$21 million.
- \$5,000.00 for centers/local authorities with an annual IDD services budget of \$21 million or more.

Contact Hanne.					
Business Name	e:				
Address:		City:		_ST:ZI	P:
Telephone:		FAX:			
Email:		Website:			
Payment Info	mation:				
\$	TOTAL PAYMENT E	NCLOSED			
Check (Pl	lease make payment pay	vable to PPAT)			
Credit Card:	American Express	Discover	MasterCard	VISA	
Credit Card #:_				Exp. D	ate:_
Credit Card Holder Name:				CVV:	
Credit Card Ho	lder Signature:				
	digital signature required to place & Sign". Complete requested				
	secure digital ID/signature by				

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 2024 we have estimated that 15% of a member's dues are non-deductible.

computer and email to PPAT. For non-digital signatures - after completion, print, sign & fax to PPAT.)

Forward your completed application with payment by **January 29, 2024** to: