



PRIVATE PROVIDERS ASSOCIATION OF TEXAS
2025 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 Information:

Contact Name: _____

Business Name: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Telephone: _____ FAX: _____

Email: _____ Website: _____

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.)

As a member benefit, PPAT provides links to members' websites on its webpage. Please send us your company logo in jpeg or png file.

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

Forward your completed application with payment by **January 31, 2025** to:

PPAT • 8711 Burnet Rd., Suite E-53 • Austin, TX 78757

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