



PRIVATE PROVIDERS ASSOCIATION OF TEXAS
2007 Associate Membership Application

Associate and/or Affiliated Service Company 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. Dues are \$1,000.00

Membership Information:

Contact Name: _____

Business Name: _____

Address: _____

City State Zip Code

Telephone:(____) _____ FAX:(____) _____

Email: _____ Website: _____

Payment Information:

\$ _____ TOTAL PAYMENT ENCLOSED

Check (Please make payment payable to PPAT)

Credit Card: VISA MasterCard (Please circle one)

Credit Card #: _____ Exp. Date: _____

Credit Card Holder Name: _____

Signature: _____

As a member benefit, PPAT provides links to members' websites on its webpage. Please know that this list of providers is a popular destination on our website.

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 2007) **your complimentary advertisement on PPAT's website**, please submit the following:

Business Card: Hard copy or electronic file. *For your convenience, PPAT will scan your business card for you. Email electronic file in Microsoft Word or Adobe Acrobat PDF to PPAT100@aol.com.*

Description of Services: Maximum 50 words. *Email Microsoft Word file to PPAT100@aol.com.*

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