



PRIVATE PROVIDERS ASSOCIATION OF TEXAS  
2010 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.

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 2010) **your complimentary advertisement on PPAT's website**, please submit the following:

**Business Card/Advertisement:** Email electronic file in JPEG, GIF, PDF, Microsoft Word or Microsoft Publisher to [ppat100@aol.com](mailto: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.*