NATIONAL PACE ASSOCIATION

Capitated Provider Membership Application

Organization____

Contact Person (This individual will be NPA's primary contact and will be listed in the online NPA Membership Directory.)

____

Title____

Phone ____________________ Fax ____________________

Email ____________________ Website ____________________

Mailing Address____

The NPA annual membership year runs from July 1 through June 30. Memberships are non-refundable. I understand that our organization will be invoiced and that our membership in NPA will not begin until NPA receives payment in full.

By signing below, I acknowledge that I have read and understand the **Code of Conduct** for the National PACE Association (NPA) and agree to abide by its provisions.

Signature____________________ Date____________________

Please return application to:
National PACE Association, 675 North Washington Street, Suite 300, Alexandria, VA 22314
Phone: 703-535-1569 | npaonline.org