

Member Profile (*Required information)

*First Name: _____ *Last Name: _____ MI: _____
 *Primary E-mail: _____ Secondary E-mail: _____
 *Student ID: _____
 *College/University: _____ ACHCA Student Chapter (if applicable): _____
 *Home Address: _____ *City/State/Zip: _____
 Home Phone: _____ Mobile: _____
 School Address: _____ City/State/Zip: _____
 School Phone: _____
 *Preferred Mailing Address: ___ Home ___ School

Education:

(Check highest level attained)

- Master's degree Year in school: 1 2 3 4
 Some graduate work
 Bachelor's degree *Date of Graduation: _____
 Associate degree
 Diploma in nursing
 High School Diploma

Communication Options (Required)

On occasion, ACHCA may make its mailing list available to organizations whose products or messages we feel may be of interest to our members. Do you wish to be included in such mailings? Opt-in _____ Opt-out _____

PRIVACY DISCLOSURE: At ACHCA, we take every precaution to protect your information. We will always respect your email and phone number privacy and will never sell, rent or exchange it to any outside company.

By submission of this membership application, I attest that the information I have provided is true, accurate, and complete. I have not been charged with an ethics violation or convicted of a crime. In addition, I have read and will adhere to the ACHCA Code of Ethics (<https://achca.org/index.php/about-achca>).

Student Membership

Students **must be currently enrolled full-time in an undergraduate or graduate program in health services administration or related administrative field that leads to a bachelor's degree or higher.** Individuals seeking entry to LTC practice as a nursing home, assisted living, or aging services administrator are eligible for the ACHCA student rate.

Students are **required to provide proof of academic enrollment**, including the name of the college or university, their student identification number, and estimated graduation date on their membership application. Students may submit a photo of their current student ID or tuition bill (confidential information hidden) to membership@achca.org for proof of enrollment.

Non-Voting Membership

National Dues

Student

Those individuals seeking entry to LTC practice as a nursing home, assisted living, or aging services administrator who are enrolled full-time in health-related degree granting, certificate, or diploma program at an accredited college or university not already licensed in another profession, and do not meet the qualifications established for Voting Members.

\$25

Payment Information

Dues:

\$ _____ Dues from above (Primary Chapter Dues are included)

\$ _____ Additional Chapter Dues (\$30.00 per additional chapter); Name of additional chapter(s):

\$ _____ Total Remitted

_____ I have enclosed a check payable to ACHCA. Check # _____

MAIL application & check payment to:

ACHCA Membership

PO Box 715060, Philadelphia, PA 19171-5060

Once you have everything complete and ready to go, you can submit your ACHCA membership application by e-mail (membership@achca.org), or send credit card payment by secure fax (800-561-3148).

Paying by credit card:

Please charge my: ___ American Express ___ MasterCard ___ Visa ___ Discover

Account Number: _____ Expiration Date: _____ Security Code: _____

Name of Cardholder:

Signature of Cardholder:

Payment Processing Disclosure: **Memberships are non-refundable.** Please note that should this charge be disputed by you or any agent acting in your behalf, a service fee not to exceed 5% of the original charge amount may be incurred. Charges are processed through our merchant services provider, Authorize.net. The item may appear on your statement as ACHCA.

Questions? Contact: membership@achca.org

Thank you for submitting your application. We look forward to having you share the ACHCA Experience with us!