

Referred By: _____

Apply online at www.achca.org

*Applicants must hold full-time academic positions in a graduate or undergraduate program in a post-acute/long term care health-related field at an accredited college or university but are not currently practicing as professionals in the field.

Member Profile (*Required information)

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Sr. ☐ Other: _____

*First Name: _____ MI: _____ *Last Name: _____

*College/University Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code: _____

*Preferred Mailing Address: ☐ Home ☐ School

*Primary E-mail: _____ Secondary E-mail: _____

Position at College or University: _____

I am (Check all that apply): ☐ Full-time Faculty ☐ Staff

I teach (Check all that apply): ☐ Undergraduate ☐ Graduate ☐ Other/Continuing Education

If you teach, briefly name or describe the courses you teach, especially those related to post-acute/long term health care. If you serve in an administration role, provide a description of your position.

*How did you hear about ACHCA?

____ Current Member: _____

____ ACHCA website

____ Friend/Colleague

____ E-mail promotion

____ Facebook/LinkedIn/Twitter

____ NAB

____ LTC Publication

____ Other: _____

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>).

Academic Membership

This membership best serves individuals that hold full-time academic positions in a graduate or undergraduate program in a post-acute and aging services long term care health-related field at an accredited college or university but are not currently practicing as professionals in the field.

Dues Payment Information:

| Voting Academic Membership | National Dues |
|---|---------------|
| Those individuals professionally qualified by licensure, certification, and education seeking Continuing Education (CE) credits, the development of collaborative forums that grant opportunity to develop new course content and teaching methods, and opportunities to meet and network among colleagues who share similar interests. | \$195 |

\$_____ Dues from above (Primary Chapter Dues are included) **As a member of ACHCA, you receive one state chapter membership that is included in your national dues.*

\$_____ Additional Chapter Dues (\$25.00 per additional chapter); Name of additional chapter(s):

\$_____ Total Remitted

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

Payment Methods

MAIL application & check payment to: ACHCA Membership, 1300 Piccard Dr, Ste. LL14, Rockville, MD 20850

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 (301) 258-9771.

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. Charges are processed through our merchant services provider, Authorize.net. The item may appear on your statement as ACHCA.

Questions? Contact: membership@achca.org or (800) 561-3148. Thank you for submitting your application. We look forward to having you share the ACHCA Experience with us.