

GROUP MEMBERSHIP APPLICATION

DESCRIPTION

Three (3) or more individuals working at a facility or within a company/corporation that qualify for one of the following memberships: **Professional or Emerging Professional**

COMPANY/ORGANIZATION NAME:

Address		Invoice Contact	
City, State ZIP Code		Invoice E-mail	
Phone		Invoice Phone Fax	
Fax			
MEMBER 1:		Member 1 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 2:		Member 2 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 3:		Member 3 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	

WANT TO SIGN UP MORE THAN 3? USE PAGE 2 & INCLUDE IN PAYMENT AMOUNT

PAYMENT AMOUNT PAY BY: ☐ CHECK OR ☐ VISA ☐ MASTERCARD ☐ AMEX

#	MEMBER TYPE	COST	TOTAL
	Professional	\$325	
	Emerging Professional	\$200	

Credit Card Account Number:
 Expiration Date: Security Code:
 Cardholder Name:
 Cardholder Signature:
FAX application with credit card payment to: (301) 258-9771

TOTAL Membership Fee: \$

Mail application with check payable to ACHCA to:

ACHCA Membership
 1300 Piccard Dr, Suite LL14
 Rockville, MD 20850

GROUP MEMBERSHIP APPLICATION, PAGE 2

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COMPANY/ORGANIZATION NAME:

Address		Invoice Contact	
City, State ZIP Code		Invoice E-mail	
Phone		Invoice Phone Fax	
Fax			
MEMBER 4:		Member 4 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 5:		Member 5 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 6:		Member 6 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 7:		Member 7 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	

INCLUDE THESE MEMBERS IN PAGE 1 TOTAL AMOUNT