

Member Profile:

Referred By:

ACHCA Member ID (if known)

Full Name

Phone Number

Retirement Date

Most Recent Title and Employer

If you have not recently updated your address within the ACHCA Member Portal, please update your information. If you prefer, call ACHCA Membership at (800) 561-3148 to update over the phone.

Address

City

State

Zip

E-mail Address

You must meet the following requirements to be eligible for Retired status:

☐

I am currently an ACHCA Member or Fellow, and have been for at least five years.

☐

I am retired from healthcare administration.

☐

I am at least 55 years of age.

By submission of this membership application, I attest that the information I have provided is true, accurate, and complete. In addition, I have read and will continue to adhere to the ACHCA Code of Ethics. (www.achca.org)

Voting Memberships

National Dues

Retired Fellow

\$90

Current voting members who have been a Fellow in good standing of 5+ years, are 55+ years of age, and have retired from healthcare administration. Must submit statement of attestation of proof of retirement with no remunerations for administrative services.

Payment Information

Dues:

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

\$_____ 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.