

**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](http://www.achca.org))

**Voting Memberships**

**National Dues**

**Retired**

Current voting members of continuous 5+ years, who have retired from healthcare administration and are at least 55 years of age. Must submit statement of attestation for proof of retirement with no remuneration for administrative services.

\$110

**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](mailto: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](mailto: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.