

Member Profile (*Required information)

*First Name: _____ MI: _____

*Primary E-mail: _____

*Student ID: _____

*College/University: _____

*Home Address: _____

Home Phone: _____

School Address: _____

School Phone: _____

*Preferred Mailing Address: ____ Home ____ School

Referred By:

*Last Name: _____ Suffix: _____

Secondary E-mail: _____

ACHCA Student Chapter (if applicable): _____

*City/State/Zip: _____

Mobile: _____

City/State/Zip: _____

Education:

(Check highest level attained)

- ☐ Master's degree
- ☐ Some graduate work
- ☐ Bachelor's degree
- ☐ Associate degree
- ☐ Diploma in nursing
- ☐ High School Diploma

Year in school: ☐ 1 ☐ 2 ☐ 3 ☐ 4

*Date of Graduation: _____

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.

Complimentary

Questions? Contact: membership@achca.org

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

www.achca.org