



# RENEWAL MEMBERSHIP APPLICATION

## Member Profile (\*Required information)

\_\_\_\_\_ Member ID Number (if known)

\*First Name:

\*Last Name:

MI:

\*Primary E-mail:

Secondary E-mail:

Job Title:

Credentials:

**\*If you have not updated your address in the Member Portal, please complete this information.**

### Facility/Company:

National Provider Identification Number (NPI):

Home Address:

City/State/Zip:

Home Phone:

Mobile:

### Parent Corporation Name:

Business Address:

City/State/Zip:

Business Phone:

Business Fax:

**\*If your work experience has changed, please make changes within your profile online.** If you need assistance, contact [membership@achca.org](mailto:membership@achca.org) or (202) 536-5120.

\*Preferred Mailing Address: \_\_\_ Home \_\_\_ Office

Has any licensure board taken **any action** on any of your licenses?  Yes  No

If yes, please explain:

### 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>).

Be sure to review the membership descriptions to make sure that you still have the membership that meets your professional needs, and enhances your ACHCA Experience.



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### Payment Information

#### Dues:

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

\$ \_\_\_\_\_ Additional Chapter Dues (\$30.00 per additional chapter); Name of additional chapter(s):

\$ \_\_\_\_\_ Total Remitted

\_\_\_\_\_ I have enclosed a check payable to ACHCA. Check # \_\_\_\_\_

**MAIL application & check payment to:** ACHCA Membership  
PO Box 75060, Baltimore, MD 21275-5060

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 (866-874-1585).

#### 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. Please note that should this charge be disputed by you or any agent acting in your behalf, a service fee not to exceed 5% of the original charge amount may be incurred. Charges are processed through our merchant services provider, PayPal. The item may appear on your statement as PAYPAL ACHCA or PURCHASE AMERICANCOL.

Questions? Contact: [membership@achca.org](mailto:membership@achca.org) or (202) 536-5120

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