

Apply online at www.achca.org

*Applicants must hold full-time academic positions in a graduate or undergraduate program in a post-acute/long term care health-related field at an accredited college or university but are not currently practicing as professionals in the field.

Member Profile (*Required information)

Dr. Mr. Ms. Mrs. Sr. Other: _____

*First Name: _____ MI: _____ *Last Name: _____

*College/University Name: (if using college or university address) _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code: _____

*Preferred Mailing Address: Home School

*Primary E-mail: _____ Secondary E-mail: _____

Position at College or University: _____

I am (Check all that apply): Full-time Faculty Staff

I teach (Check all that apply): Undergraduate Graduate Other/Continuing Education

If you teach, briefly name or describe the courses you teach, especially those related to post-acute/long term health care. If you serve in an administration role, provide a description of your position.

***How did you hear about ACHCA?**

____ Current Member: _____	____ ACHCA website
____ Friend/Colleague	____ E-mail promotion
____ Facebook/LinkedIn/Twitter	____ NAB
____ LTC Publication	____ Other: _____

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>).

ACADEMIC MEMBERSHIP APPLICATION

Academic Membership

This membership best serves individuals that hold full-time academic positions in a graduate or undergraduate program in a post-acute and aging services long term care health-related field at an accredited college or university but are not currently practicing as professionals in the field.

Payment Information

Dues:

Voting Academic Membership	National Dues
Those individuals professionally qualified by licensure, certification, and education seeking Continuing Education (CE) credits, the development of collaborative forums that grant opportunity to develop new course content and teaching methods, and opportunities to meet and network among colleagues who share similar interests.	\$175

Non-Voting Academic Membership	National Dues
Those individuals that maintain a full-time position in an accredited college or university in long term care administration, but are not professionally qualified by licensure, do not seek Continuing Education (CE) credits, and do not meet the qualifications established for Voting Members.	\$125

\$_____ Dues from above (Primary Chapter Dues are included) *As a member of ACHCA, you receive one state chapter membership that is included in your national dues.

\$_____ Additional Chapter Dues (\$30.00 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, 1101 Connecticut Ave, NW, Ste. 450, Washington, DC 20036

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 (800-561-3148).

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.