

## **GROUP MEMBERSHIP APPLICATION**

## **DESCRIPTION**

Three (3) or more individuals working at a facility or within a company/corporation that qualify for one of the following memberships: **Professional or Emerging Professional** 

COM	PANY/ORGANI	ZATION	NAME:					
Address						Invoice Contact		
City, State ZIP Code						Invoice E-mail		
Phone						Invoice Phone   Fax		
Fax								
MEM	BER 1:					Member 1 Type:	☐ Professional ☐ Emerging Professional	l
Title					Mobile #			
Credentials						Work#		
Address						E-mail		
City, State, ZIP Code						Facility Name		
MEMBER 2:						Member 2 Type:	☐ Professional ☐ Emerging Professional	
Title					Mobile #			
Credentials						Work#		
Address						E-mail		
City, State, ZIP Code						Facility Name		
MEMBER 3:						Member 3 Type:	☐ Professional ☐ Emerging Professional	
Title						Mobile #		
Credentials						Work#		
Address						E-mail		
City, State, ZIP Code						Facility Name		
	WANT TO SIGI	N UP M	ORE THAI	N 3? USE PA	GE 2	& INCLUDE I	N PAYMENT AMO	UNT
PAYMENT AMOUNT			PAY BY:	☐ CHECK	OR	□ VISA [	☐ MASTERCARD	
#	MEMBER TYPE	COST	TOTAL	Credit Card Account Number:  Expiration Date: Security Code:				
Professional \$279			Cardholder Name:					
	Emerging Professiona	I \$185		Cardholder Signature:				
				FAX application with credit card payment to: (800) 561-3148				

**TOTAL Membership Fee: \$** 

Mail application with check payable to ACHCA to: ACHCA Membership 1101 Connecticut Ave NW Washington, DC 20036

## GROUP MEMBERSHIP APPLICATION, PAGE 2

## **DESCRIPTION**

Three (3) or more individuals working at a facility or within a company/corporation that qualify for one of the following memberships: **Professional or Emerging Professional** 

COMPANY/ORGA	NIZATION NAME:		
Address		Invoice Contact	
City, State ZIP Code		Invoice E-mail	
Phone		Invoice Phone   Fax	
Fax			
MEMBER 4:		Member 4 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work#	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 5:		Member 5 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work #	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 6:		Member 6 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work#	
Address		E-mail	
City, State, ZIP Code		Facility Name	
MEMBER 7:		Member 7 Type:	☐ Professional ☐ Emerging Professional
Title		Mobile #	
Credentials		Work#	
Address		E-mail	
City, State, ZIP Code		Facility Name	

**INCLUDE THESE MEMBERS IN PAGE 1 TOTAL AMOUNT**