American College of Health Care Administrators
Membership Application/Renewal Form
12-Month Membership Period

Updated 11-15-11

Contact Information (*Required items)

__Dr. __ Mr. __Ms. __ Mrs. __ Sr. __Rev. __Other
Name: ___________________________ Credentials:______________
***Primary Email**: ____
Secondary Email: _______________________________________
Title: ____
***Facility/Company/School**: ____________________________
National Provider Identification Number (NPI): ________________
***Home Address**:____
***City/State/Zip**: ____
Home Phone: (___)______________ Mobile: (___)______________
***Parent Corporation Name**: ________________________________
Number of Sites:______________ Total Beds: ________________
Business/School Address: ____________________________________
City/State/Zip: ____
Business/School Phone: (___)__________Fax: (___)____________
Preferred Mailing Address: ___ Home ___ Office/School

***How did you hear about ACHCA?___Current Member (list below)**
___ Friend/Colleague ___ ACHCA website ___ NAB
___Facebook/LinkedIn/Twitter ___ Email promotion
___ LTC publication ___Other_____________

Referred by: Name ______________________ Chapter ________

Demographic Data (*Required items)

Collection of this data will be used for statistical and survey purposes to improve and/or create programs and services to better serve you.

***Age: Birth Year __________**

Gender: ___Male ___Female

Race: ____Black or African American ____White
____Hispanic or Latino ____American Indian/Alaska Native
____ Pacific Islander ____Arabic ____ Asian
_____Other______________________

Check all that apply to your role:

- ❑ Academic
- ❑ Administrator (current)
- ❑ Administrator (retired)
- ❑ Administrator-in-Training
- ❑ Assistant Administrator
- ❑ CEO/COO/President
- ❑ Consultant
- ❑ Dept. Head/Manager
- ❑ Director of Nursing
- ❑ Executive Director
- ❑ Student
- ❑ Product/Service Provider
- ❑ Vice President/Director
- ❑ Owner
- ❑ Other ______________

Education:
(Check highest level attained)

- ❑ Doctoral degree
- ❑ Physician
- ❑ Masters degree
- ❑ Some graduate work
- ❑ Bachelor's degree
- ❑ Associate degree
- ❑ Diploma in nursing
- ❑ High school diploma

Clinical Background:

- ❑ LPN/LVN
- ❑ Registered Nurse
- ❑ Rehabilitation Therapist
- ❑ Social Worker
- ❑ Other ______________

Students (if applicable):
Year in school: ❑ 1 ❑ 2 ❑ 3 ❑4
Expected Graduation Date: _______

Experience

NH Administration: ___0 years or NA ___ < 5 years ___ 6-10 years
___ 11-15 years ___16-20 years ___21-25 years ___ >25 years
AL Administration: ___0 years or NA ___ < 5 years ___ 6-10 years
___ 11-15 years ___16-20 years ___21-25 years ___ >25 years

Current License

Date originally licensed: ___________
State:______ Number:_____________ Type:______
State:______ Number:_____________ Type:______
State:______ Number:_____________ Type:______

Profit Status of your facility:

- ❑ Private/For Profit
- ❑ Public/For Profit
- ❑ Not For Profit
- ❑ Government
- ❑ Other _________

Facility Size:

- ❑ Up to 10 beds
- ❑ 11-25 beds
- ❑ 26-50 beds
- ❑ 51-100 beds
- ❑ 101-200 beds
- ❑ 200 or greater beds
- ❑ Other _________

Is your organization:

- ❑ Management group
- ❑ Hospital-based
- ❑ Independent Ownership
- ❑ Community Ownership
- ❑ Corporately Owned
  - ❑ National Corporation
  - ❑ Regional Corporation
  - ❑ Local Corporation
- ❑ Integrated delivery system
- ❑ Other______________

Programs (check all that apply):

- ❑ Adult Day Care
- ❑ AIDS
- ❑ Alzheimer's/Dementia
- ❑ Assisted Living
- ❑ Consulting
- ❑ CCRC
- ❑ Geriatric center/ Senior center
- ❑ Home health
- ❑ Hospice
- ❑ ICF/MR/DD
- ❑ Independent Living/Senior Housing
- ❑ Long-Term Acute Care Hospital (LTACH)
- ❑ Skilled Nursing Facility (SNF) (check all that apply)
  - □ Complex medical/subacute
  - □ Neurological/Head Trauma
  - □ Pediatric
  - □ Rehabilitation
  - □ Ventilator or Pulmonary
  - □ Wound care
  - □ Other _______________
- ❑ University/Academia

# of clients your organization cares for daily:_________

Communications Options (Required)

1. 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 _____

2. Access to members-only Peer2Peer network: Opt-in____

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.

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Membership Category	Description	National Dues (includes chapter dues of $25)
Full	Administrators or those with substantial interest in health/residential care administration	**$295**
Associate	Allied health professionals and individual providers of healthcare products/services	**$195**
Bridge	One-year transitional membership for emerging administrators who have recently (within six months) completed their education/AIT program	**$145**
Business Affiliate	Company membership providing representatives the opportunity to network with long term care leaders at national and state chapter activities. **See separate application: www.achca.org/membership**	**$495**
Retired Member	Full members of 15+ years who have retired from healthcare administration and are 65+ years of age	**$95**
Retired Fellow	Fellows in good standing of 15+ years who have retired from healthcare administration and are 65+ years of age	**$75**
Student/Administrator-in-Training*	Enrolled in health-related academic or pre-licensure training program and NOT employed NOR licensed as an LTC administrator	**$45**
Fees	**Description**	**Amount**
Application Fee	Applies to all new member applications. Required for all renewals received after 30 days of membership expiration date. Waived for Student/AIT members.	**$25**
Lapsed Fellow Renewal Fee	Must be paid by any Fellow whose membership has expired over 60 days to continue use of the FACHCA credential. Must also pay the $25 Membership Application Fee. For lapsed fellow credentials in excess of 60 days, see abbreviated fellow application at: www.achca.org/development	**$250**

A. Dues

$_______ Dues from above (*Primary Chapter Dues are included*)
$_______ *Additional* Chapter Dues @ $25.00 per additional chapter; Name of additional chapter(s):_________________
$_______ (Optional) 1-yr. membership in The Academy of Long Term Care Leadership and Development @ $50**
$_______ (Optional) Life membership in The Academy @ $500**
$_$25.00 Application fee (see description above)
$_______ Lapsed Fellow Renewal Fee (see description above)
$______ Total Dues

B. Optional, Tax Deductible Donations

$ _______Unrestricted donation/Fund Drive donation
$_______ The Academy of Long Term Care Leadership and Development**
$_______ Richard L. Thorpe Fellowship**
$_______ Sr. Joan Cassidy & Michael Cuseo Cultural Diversity Endowment Fund**
$_______ W. Phillip McConnell Student Scholarship Fund**
$_______ Total Optional Donations

* Applicant must submit proof of academic enrollment or AIT status (i.e. current class schedule, tuition bill, letter from your AIT preceptor, etc.)
** For more information on The Academy and ACHCA scholarships, visit: www.achca.org

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C. Total Payment:

$_______ A. Dues
$_______ B. Optional Donations
$_______ **C. Total Remitted**

_____ I have enclosed a check payable to ACHCA. Check # ________________________

_____ Please charge my: ___American Express ___MasterCard ___Visa

Account Number: ______________________________Expiration Date: __________
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.

FAX 3-page application with credit card payment to 866-874-1585
Mail application & check payment to ACHCA Membership, PO Box 75060, Baltimore, MD 21275-5060
Questions? Contact: membership@achca.org or 202-536-5120