



# ACADEMIC MEMBERSHIP APPLICATION

Apply online at [www.achca.org](http://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**

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, 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 (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. 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 (800) 561-3148. Thank you for submitting your application. We look forward to having you share the ACHCA Experience with us.