

Member Profile (*Required information)

Member Type: _____ 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 or (800) 561-3148

***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.

Membership Categories

Voting Memberships	National Dues
Professional Those persons who are professionally qualified by licensure, certification, education, and/or experience, to serve as executives or academics in long term care administration, and who are accountable for ensuring that quality of care is provided in long term care, residential care, and/or post-acute care setting(s).	\$310
Emerging Professional Early career professionals: Those persons who are professionally qualified by licensure, certification, education, and/or experience, less than 2 years , to serve as executives or academics in long term care administration, and who are accountable for ensuring that quality of care is provided in long term care, residential care, and/or post-acute care setting(s). *original licensure date required above for eligibility.	\$205

Payment Information

Dues (Membership within one of ACHCA's active chapters is a member benefit and included in your membership dues fee):

\$_____ 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
1300 Piccard Dr, Suite LL 14, Rockville, MD 20850

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 (301-258-9771).

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, Authorize.net. The item may appear on your statement as ACHCA.

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