



STUDENT MEMBERSHIP APPLICATION

Member Profile (*Required information)

*First Name:

*Last Name:

MI:

*Primary E-mail:

Secondary E-mail:

*Student ID:

*College/University:

ACHCA Student Chapter (if applicable):

*Home Address:

*City/State/Zip:

Home Phone:

Mobile:

School Address:

City/State/Zip:

School Phone:

*Preferred Mailing Address: Home School

*How did you hear about ACHCA?

Current Member (list below)

Friend/Colleague

ACHCA website NAB

Facebook/LinkedIn/Twitter E-mail promotion

LTC publication

Other _____

Referred by: Name:

Chapter:

Education:

(Check highest level attained)

Year in school: 1 2 3 4

Master's degree

*Date of Graduation:

Some graduate work

Bachelor's degree

Associate degree

Diploma in nursing

High School Diploma

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>).



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Student Membership

Students must be currently enrolled in an associate, bachelor, or Master’s health-related degree granting, certificate, or diploma program at an accredited college or university. Individuals seeking entry to LTC practice as a nursing home, assisted living, or aging services administrator are eligible for the ACHCA student rate. Click here for information on Emerging Professional membership.

Students are required to provide proof of academic enrollment, including the name of the college or university, their student identification number, and estimated graduation date on their membership application. Students may submit a photo of their current student ID or tuition bill (confidential information hidden) to membership@achca.org for proof of enrollment.

Non-Voting Membership	National Dues
Student Those individuals seeking entry to LTC practice as a nursing home, assisted living, or aging services administrator who are enrolled in health-related degree granting, certificate, or diploma program at an accredited college or university not already licensed in another profession, and do not meet the qualifications established for Voting Members.	\$25

Payment Information

Dues:

\$ _____ Dues from above (Primary Chapter Dues are included)
 \$ _____ 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
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), 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
Thank you for submitting your application. We look forward to having you share the ACHCA Experience with us!