

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 full-time 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

1101 Connecticut Ave NW, Ste. 450, Washington, DC 20036

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

Questions? Contact: membership@achca.org

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