American College of Health Care Administrators
Membership Application/Renewal Form
12-Month Membership Period
Updated 5-19-16

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 __________

# 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 ______

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.
### American College of Health Care Administrators
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<table>
<thead>
<tr>
<th>Voting Memberships</th>
<th>Description</th>
<th>National Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>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).</td>
<td>$310</td>
</tr>
<tr>
<td>Emerging Professional</td>
<td>Same as above licensed or professional qualified less than 2 years.</td>
<td>$205</td>
</tr>
<tr>
<td>Retired Member</td>
<td>Current voting members of continuous 5+ years, who have retired from healthcare administration and are at least 55 years of age. Must submit statement of attestation for proof of retirement with no remuneration for administrative services.</td>
<td>$100</td>
</tr>
<tr>
<td>Retired Fellow</td>
<td>Current voting members who have been a Fellow in good standing of 5+ years, are 55+ years of age, and have retired from healthcare administration. Must submit statement of attestation of proof of retirement with no remuneration for administrative services.</td>
<td>$80</td>
</tr>
</tbody>
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<tr>
<th>Non-voting Memberships</th>
<th>Description</th>
<th>National Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate</td>
<td>Those individuals who have an interest in long-term health care quality and administration, but do not meet the qualifications established for Voting Members.</td>
<td>$205</td>
</tr>
<tr>
<td>Collegiate/AIT*</td>
<td>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, or actively enrolled in an AIT/internship in long term care administration, not already licensed in another profession, and do not meet the qualifications established for Voting Members.</td>
<td>$47</td>
</tr>
<tr>
<td>Business Affiliate</td>
<td>Company membership providing representatives the opportunity to network with long term care leaders at national and state chapter activities.</td>
<td>$520</td>
</tr>
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<th>Fees</th>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Application Fee</td>
<td>Applies to all new member applications. Required for all renewals received after 30 days of membership expiration date. Waived for Collegiate/AIT members.</td>
<td>$25</td>
</tr>
<tr>
<td>Lapsed Fellow Renewal Fee</td>
<td>For ACHCA Fellows whose membership has expired &gt;60 days, Fellow status can be reinstated by submitting the abbreviated Fellow application located at <a href="http://www.achca.org/development">www.achca.org/development</a> and paying the Lapsed Fellow Renewal and Membership application fees. The Fellow credential lapses if not current 60 days post membership expiration.</td>
<td>$250</td>
</tr>
</tbody>
</table>

*Requires proof of academic enrollment (i.e. current student ID and class schedule or tuition bill) or a letter from an AIT preceptor on company letterhead.

**A. Dues**

- $_______ Dues from above (Primary Chapter Dues are included)
- $_______ Additional Chapter Dues @ $30.00 per additional chapter; Name of additional chapter(s): _____________
- $25.00 Application fee (see description above)
- $_______ Lapsed Fellow Renewal Fee (see description above)
- $_______ Total Dues (A)

**B. Donation to The Academy of Long Term Care Leadership and Development** (tax deductible)

Enter amount:

- $_______ Up to $99 Academy Friend
- $_______ $100-$249 Academy Supporter
- $_______ $250-$499 Academy Patron
- $_______ $500-$999 Academy Benefactor
- $_______ $1,000-$2,499 Academy Champion
- $_______ $2,500-$4,999 Academy Pillar
- $_______ $5,000+ Academy Chair’s Circle
- $_______ Fellow Promise: □ $1,000/year for 4 years; □ $500/year for 4 years; □ $250/year for 4 years;
□ $__________ (other amount) /year for 4 years
- $_______ Total Academy Donations (B)
C. Donations (tax deductible)  For more information on donation options, including Legacy Giving, visit www.achca.org.

Enter Amount:

$_______ ACHCA Unrestricted donation/Fund Drive donation

$_______ Student Development (restricted fund for Student/AIT activities)

$_______ Richard L. Thorpe Fellowship

$_______ Sr. Joan Cassidy & Michael Cuseo Diversity Endowment Fund

$_______ W. Phillip McConnell Student Scholarship Fund

$_______ Total Donations (C)

D. Total Payment

$_______ A. Dues

$_______ B. Academy Donations

$_______ C. Donations

$_______ 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

Please charge my: ___American Express   ___MasterCard   ___Visa   ___Discover

Account Number: ___________________________ Expiration Date: __________

Name of Cardholder: ______________________________________________________

Signature of Cardholder: __________________________________________________

FAX – credit card payments to our secure fax at: 866-874-1585

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.

By submission of this membership application, I attest that I have not had a professional license suspended, 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).

Dues are payable upon receipt in U.S. Funds, drawn on a U.S. bank. For U.S. citizens only: ACHCA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense under section 162 of the Internal Revenue Code as an “ordinary and necessary business expense.” Please consult your tax professional for more information. Contributions of gifts to ACHCA are deductible as charitable contributions for federal income tax purposes. FEIN: 36-2637617

Questions? Contact: membership@achca.org or (202) 536-5120