



ACHCA

American College of
Health Care Administrators

RETIRED STATUS MEMBERSHIP APPLICATION

Member Profile:

ACHCA Member ID (if known) _____ Current Status ☐ Member ☐ Fellow

Full Name _____ Phone Number _____ Retirement Date _____

Most Recent Title and Employer _____

If you have not recently updated your address within the ACHCA Member Portal, please update your information. If you prefer, call ACHCA Membership at (800) 561-3148 to update over the phone.

Address _____ City _____ State _____ Zip _____

E-mail Address _____

You must meet the following requirements to be eligible for Retired status:

☐ I am currently an ACHCA Member or Fellow, and have been for at least five years.

☐ I am retired from healthcare administration.

☐ I am at least 55 years of age.

By submission of this membership application, I attest that the information I have provided is true, accurate, and complete. In addition, I have read and will continue to adhere to the ACHCA Code of Ethics. (www.achca.org)

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Voting Memberships

National Dues

Retired

\$100

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.

Retired Fellow

\$80

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 remunerations for administrative services.

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

1300 Piccard Dr, Suite LL14, 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. Charges are processed through our merchant services provider, Authorize.net. The item may appear on your statement as ACHCA.

Questions? Contact: membership@achca.org or (800) 561-3148

Thank you for submitting your application. We appreciate your leadership in the long term care profession!