



American College Health Association

Sustaining Membership Application for New Members

For the membership year January 1, 2012 through December 31, 2012

COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN IT WITH YOUR DUES PAYMENT TO: Membership Coordinator, American College Health Association, 1362 Mellon Road, Suite 180, Hanover, MD 21076, or fax to (410) 859-1510, or email to membership@acha.org. Contact ACHA at (410) 859-1500 or membership@acha.org if you have questions. Thank you for your continued commitment to and support of college health.

I. GENERAL INFORMATION

Note: All sustaining membership applications are subject to approval by the ACHA Executive Committee.

Organization Name _____

Contact Person Last Name _____ First Name _____ Middle Initial _____

Title _____ Degree (s) _____

Mailing Address _____

City _____ State _____ Zip _____ Country (if not USA) _____

Phone _____ Fax _____

Email _____ Web Address _____

1. Review exclusion options carefully:

Check here to be excluded (opt-out) from mailing label runs requested by outside companies/groups.

ACHA and its affiliates and sections use member email addresses solely for the purpose of communicating association business or college health related news to its members. By opting out, you will no longer receive important email communications or updates from the association. Your email address will **never** be furnished to outside organizations/companies.

Check here to be excluded (opt-out) from ACHA broadcast emails.

II. ORGANIZATIONAL INFORMATION

2. Furnish background information on your company, including the products and services you provide.

3. Indicate your level of involvement with ACHA (Check all that apply):

exhibitor
 sponsor

advertiser
 Other _____

III. MEMBERSHIP CATEGORY

4. Select from the sustaining membership options below.

Nonprofit Sustaining Membership - \$425/year

Any nonprofit or charitable giving association or organization interested or involved in the college health field but not directly associated with a profit-making business (i.e., the nonprofit branch and/or foundation of a for-profit organization is not eligible for this membership category) may apply for American College Health Association membership.

For-Profit Sustaining Membership - \$1,900/year

Any for-profit association, organization, or business interested or involved in the college health field is eligible to apply for American College Health Association membership in this category. Each branch office of a business is considered independent of the parent company for membership purposes and must apply for their own membership privileges.

IV. DUES

5. Enter the amount from the membership category selected on side one.

Total due to ACHA:

\$ _____

V. PAYMENT METHOD

Check Enclosed (payable to ACHA) Purchase Order No. _____

Charge my: American Express Visa MasterCard

Card Number _____ Exp. Date _____ Card Security Code _____

Cardholder's Name _____ Signature _____

Billing Contact _____ Phone # _____

Credit card payment receipts will be emailed to the contact person indicated on side one.