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# Individual Membership Application for New Members

For the membership year January 1, 2017 through December 31, 2017

**EMAIL COMPLETED FORM TO:** [membership@acha.org](mailto:membership@acha.org) OR fax to (410) 859-1510 OR mail with check payment to American College Health Association, P. O. Box 419224 Boston, MA 02241-9224. Contact ACHA at (410) 859-1500 or [membership@acha.org](mailto:membership@acha.org) for questions

## I. CONTACT INFORMATION

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Title \_\_\_\_\_ Professional Designation/Credential (s) \_\_\_\_\_  
 Institution Name \_\_\_\_\_  
 Preferred Mailing Address (Indicate if your preferred mailing address is your  home or  business)  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not USA) \_\_\_\_\_  
 Business Phone \_\_\_\_\_  Home or  Mobile Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about ACHA (e.g., colleague, internet, advertisement, etc.) \_\_\_\_\_  
 Reason(s) for joining ACHA (e.g., networking, annual meeting registration discount, etc.) \_\_\_\_\_

### 1. Review preferences 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.** Your email address will **never** be furnished to outside organizations/companies.

As a new member, you will receive **online subscriptions** to both the [Journal of American College Health](#) and the [College Health in Action Newsletter](#) as well as access to archives of past issues. To receive the mailed hard copy versions, please log in to your online account and update your preferences once you receive your welcome email.

## II. GENERAL INFORMATION

### 2. Indicate institutional attributes (select all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 2-year only                        | <input type="checkbox"/> Historically Black College or University (HBCU)  | <input type="checkbox"/> Native Hawaiian-serving Institution |
| <input type="checkbox"/> 4-year                             | <input type="checkbox"/> High Hispanic Enrollment                         | <input type="checkbox"/> Faith-based Institution             |
| <input type="checkbox"/> Public Institution                 | <input type="checkbox"/> Hispanic-serving Institution (HSI)               | <input type="checkbox"/> None listed here                    |
| <input type="checkbox"/> Private Institution                | <input type="checkbox"/> Indian Tribally Controlled College or University | <input type="checkbox"/> Don't know                          |
| <input type="checkbox"/> Postsecondary Minority Institution | <input type="checkbox"/> Alaska Native-serving Institution                |  |

### 3. Indicate your area of practice/work (select all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administrator          | <input type="checkbox"/> Medical Records Specialist | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Computer Specialist    | <input type="checkbox"/> Nurse                      | <input type="checkbox"/> Physician (specialty _____) |
| <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Nurse Director             | <input type="checkbox"/> Psychiatrist                |
| <input type="checkbox"/> Faculty                | <input type="checkbox"/> Nurse Practitioner         | <input type="checkbox"/> Psychologist or Counselor   |
| <input type="checkbox"/> Health Educator        | <input type="checkbox"/> Pharmacist                 | <input type="checkbox"/> Social Worker               |
|   |   | <input type="checkbox"/> Other _____                 |

**4. ACHA has a policy of nondiscrimination and encourages diversity in its organization.** Furnishing the following information is optional and is used only by ACHA for statistical purposes.

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <u>Ethnicity</u>                                | <u>Gender</u>                        | <u>Age</u>                            |
| <input type="checkbox"/> White (non Hispanic)   | <input type="checkbox"/> Female      | <input type="checkbox"/> 25 and under |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Male        | <input type="checkbox"/> 26-40        |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Transgender | <input type="checkbox"/> 41-64        |
| <input type="checkbox"/> Native American        |                                      | <input type="checkbox"/> 65 and over  |
| <input type="checkbox"/> Hispanic/Latino        |                                      |                                       |
| <input type="checkbox"/> Other _____            |                                      |                                       |

5. Select one **section affiliation**. Each ACHA individual member may select one section affiliation. Members have access to the web pages of all sections.

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Administration               | <input type="checkbox"/> Clinical Medicine | <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> Nursing  |
| <input type="checkbox"/> Advanced Practice Clinicians | <input type="checkbox"/> Health Promotion  | <input type="checkbox"/> Nurse-directed Health Services | <input type="checkbox"/> Pharmacy |

6. Select all **coalitions** you would like to be actively involved in.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Alcohol, Tobacco, and Other Drugs Coalition                     | <input type="checkbox"/> Ethnic Diversity Coalition                      | <input type="checkbox"/> Healthy Campus Coalition                            | <input type="checkbox"/> Spirituality, Religion, and Student Health Coalition  |
| <input type="checkbox"/> Campus Safety and Violence Coalition                            | <input type="checkbox"/> Faculty and Staff Health and Wellness Coalition | <input type="checkbox"/> LGBTQ+ Health Coalition                             | <input type="checkbox"/> Student Health Insurance/ Benefits Plans Coalition    |
| <input type="checkbox"/> Emerging Public Health Threats and Emergency Response Coalition | <input type="checkbox"/> Health Information Management Coalition         | <input type="checkbox"/> Sexual Health Education and Clinical Care Coalition | <input type="checkbox"/> Travel Health Coalition                               |
|  |  |  | <input type="checkbox"/> Wellness Needs of Military Veteran Students Coalition |

### III. MEMBERSHIP CATEGORY & DUES

7. Select your desired membership category. See section a. for dates on prorated and regular rates.

**Regular**

- At a Member Institution - \$165  
(Your institution's member ID# \_\_\_\_\_)
- At a Nonmember Institution - \$195  
This category is open to anyone (a) providing health services to students at an institution of higher education, or (b) on the staff of an institution of higher education. Includes *Journal of American College Health* subscription.

(If applying July 1 through December 31, 2017 – use prorated rates in section a)

**Associate**

- \$195  
This category is open to anyone not eligible for regular membership. Benefits are the same as those for regular members except that associate members are not eligible to vote or hold office in either ACHA or its sections. Includes *Journal of American College Health* subscription.

(If applying July 1 through December 31, 2017 – use prorated rates in section a)

**Emeritus**

- \$35
- \$85 – with a *Journal of American College Health* subscription  
This category is open to any individual member in good standing at the time of retirement providing the member has held such individual membership status for at least five years immediately preceding retirement. Retirement shall mean that an individual member has withdrawn from active working life and is thus no longer employed to a significant degree, as determined by the Board of Directors, in college health or elsewhere. A letter of request for emeritus status approval, addressed to the ACHA Executive Director, must accompany this form if you have not previously held emeritus membership.

Note: Membership in ACHA is based on the calendar year and your membership will be current through December 31, 2017. Use the proration schedule below to find your dues amount.

a. If you are **applying during the period of July 1 through December 31, 2017**, your dues will be prorated and current through December 31, 2017.

- |   |   |
|---|---|
| <input type="checkbox"/> Regular Member at a Member Institution - \$123.75    | <input type="checkbox"/> Emeritus Member - \$26.25  |
| <input type="checkbox"/> Regular Member at a Nonmember Institution - \$146.25 | <input type="checkbox"/> Emeritus Member w/ Journal subscription - \$26.25 + \$37.50 = <b>\$63.75</b> |
| <input type="checkbox"/> Associate Member - \$146.25                          |   |

8. Enter the dues amount selected above.

	\$ _____
Application fee	\$ 15.00
<b>Total due to ACHA:</b>	\$ _____

### IV. 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 \_\_\_\_\_   Billing Zip Code \_\_\_\_\_
- Signature \_\_\_\_\_   Billing Contact \_\_\_\_\_   Phone # \_\_\_\_\_

**Credit card payment receipts will be emailed to the ACHA Individual Member.**