



AMERICAN  
COLLEGE  
HEALTH  
ASSOCIATION

# Institutional Membership Application for New Members

For the membership year January 1, 2022, through December 31, 2022

**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. GENERAL INFORMATION

Institution Name \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

Reason(s) for joining ACHA (e.g., NCHA survey participation discount, annual meeting registration discount, etc.) \_\_\_\_\_

## I. FEES/FUNDING/DUES

**1. Dues Calculation** – This section is designed to help you calculate your institutional membership dues and should be completed by your institution's financial representative. Simply identify your total health and well-being budget as defined by spending related to health services, counseling services, and/or health promotion services (includes any departmental expenditures, salaries, benefits, contracted services, staffing, equipment, supplies, overhead, etc.) and find the corresponding range below:

SELECTION	LEVEL	HEALTH & WELL-BEING BUDGET	TOTAL DUES
<input type="checkbox"/>	Level 1	No health or well-being program	\$430
<input type="checkbox"/>	Level 2	25k to 49k	\$470
<input type="checkbox"/>	Level 3	50k to 99k	\$530
<input type="checkbox"/>	Level 4	100k to 199k	\$650
<input type="checkbox"/>	Level 5	200k to 299k	\$760
<input type="checkbox"/>	Level 6	300k to 499k	\$880
<input type="checkbox"/>	Level 7	500k to 699k	\$1,100
<input type="checkbox"/>	Level 8	700k to 899k	\$1,300
<input type="checkbox"/>	Level 9	900k to 1.1M	\$1,800
<input type="checkbox"/>	Level 10	1.1M to 1.5M	\$2,100
<input type="checkbox"/>	Level 11	1.5M to 1.9M	\$2,600
<input type="checkbox"/>	Level 12	1.9M to 3M	\$3,000
<input type="checkbox"/>	Level 13	3M to 9.9M	\$3,500
<input type="checkbox"/>	Level 14	>10M	\$4,000

Mailed hard copy of Journal of American College Health - *optional*  
(online subscription for 3 members automatically included with membership)

E. \$ 25.00 US\$ \_\_\_\_\_

(Please remit completed form with payment if using a check)

Total due to ACHA: US\$ \_\_\_\_\_

## II. 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 # \_\_\_\_\_

Payment receipts will be emailed to the Representative noted on page 2.

**ACHA memberships are final and non-refundable.**

**III. REPRESENTATIVE INFORMATION**

**2. Representative of the Member Institution (RMI) – Main contact for institution.**

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title \_\_\_\_\_ Professional Designation/Credential (s) \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Work phone \_\_\_\_\_ Fax \_\_\_\_\_

**3. 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 the member rep, you will be able to select 3 members from your school to receive free **online subscription access** to the [Journal of American College Health](#). You will also receive online access to the [College Health in Action Newsletter](#) as well as access to archives of past issues.

**4. Please complete the following information (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 _____                 |

**5. 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.

Ethnicity

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White (non-Hispanic)
- Other \_\_\_\_\_

Birthdate

Month \_\_\_\_\_

Year \_\_\_\_\_

**6. Select a primary section affiliation.** Each ACHA individual member must select one primary section affiliation and as many others as preferred. You will receive email alerts, news, and updates from the selected section.

**Primary section: (choose one - required)**

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <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 Administrators | <input type="checkbox"/> Pharmacy |

**Secondary section(s):**

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <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 Administrators | <input type="checkbox"/> Pharmacy |

**7. Select all coalitions** that 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"/> Historically Black Colleges & Universities (HBCU)    | <input type="checkbox"/> Sports Medicine 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"/> Spirituality, Religion, and Student Health Coalition | <input type="checkbox"/> Wellness Needs of Military Veteran Students Coalition |