



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Sustaining Membership Application for New Members

For the membership year January 1, 2020 through December 31, 2020

I. GENERAL INFORMATION

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

Organization Name _____
 Representative First Name _____ Last Name _____ Middle Initial _____
 Title _____ Professional Designation/Credential (s) _____
 Mailing Address _____
 City _____ State _____ Zip _____ Email _____
 Phone _____ Fax _____

Select all **coalitions** that you would like to be actively involved in:

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

Select as many **section affiliations** as you like:

- | | | | |
|---|--|---|-----------------------------------|
| <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 |

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 version, an additional fee will apply.

II. ORGANIZATIONAL INFORMATION

Furnish company background, including products and services. Alternately, you can provide a direct link to your website "About" page.

Reason(s) for joining? _____

III. MEMBERSHIP CATEGORY/DUES

- | | |
|---|--|
| <input type="checkbox"/> Nonprofit Sustaining Membership - \$500/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. ACHA reserves the right to request proof of non-profit status. | <input type="checkbox"/> For-Profit Sustaining Membership – \$4,000/year: Any for-profit association, organization, or business interested or involved in the college health field. |
| <input type="checkbox"/> (optional) I would like to receive mailed copies of the Journal of American College Health: \$25/year . Full online access is included with membership dues. | <input type="checkbox"/> (optional) I would like to receive mailed copies of the Journal of American College Health: \$25/year . Full online access is included with membership dues. |

STOP: If you are applying during the period of July 1-September 30, 2020, your dues will be prorated and current through December 31, 2020. Follow the chart below to find your prorated dues:

Month	Member type & prorated rate
July/August	<input type="checkbox"/> Nonprofit Sustaining Membership = \$250 <input type="checkbox"/> For-Profit Sustaining Membership = \$2,000 <input type="checkbox"/> (optional) Journal of American College Health, mailed hard copy - \$12.50
September	<input type="checkbox"/> Nonprofit Sustaining Membership = \$125 <input type="checkbox"/> For-Profit Sustaining Membership = \$1,000 <input type="checkbox"/> (optional) Journal of American College Health, mailed hard copy = \$6.25
October – December	If you wait until October 1 st , we will begin processing 2021 memberships at the full membership rate again and you'll receive those 3 months free plus the full 2021 calendar year. Your membership will be active from October 1 st , 2020 – December 31 st , 2021. Those applications will be available on our website starting October 1 st .

Enter the total from the membership type and optional items selected above.

Total due to ACHA: \$ _____

V. PAYMENT METHOD - Credit card payment receipts will be emailed to the representative indicated above.
ACHA memberships are final and non-refundable

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 # _____