



Sustaining Membership Application for New Members

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

I. GENERAL INFORMATION

Note: All sustaining membership applications are subject to review and 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 Hlth & 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 Hlth Education & Clinical Care | <input type="checkbox"/> Student Hlth Insurance/Benefits Plans |
| <input type="checkbox"/> Emerging Public Hlth Threats & Emergency Response | <input type="checkbox"/> Historically Black Colleges & Universities (HBCU) | <input type="checkbox"/> Spirituality, Religion & Student Hlth | <input type="checkbox"/> Travel Health |
| <input type="checkbox"/> Ethnic Diversity | | | <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.

Reason(s) for joining: _____

II. ORGANIZATIONAL INFORMATION

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

III. MEMBERSHIP CATEGORY

- | | |
|--|--|
| <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"/> \$25 – I would like to receive <u>mailed</u> copies of the Journal of American College Health (full <u>online</u> access is included with your membership) | <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"/> \$25 – I would like to receive mailed copies of the Journal of American College Health (full <u>online</u> access is included with your membership) |
|--|--|

IV. DUES

Enter the amount from the membership category selected above. **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 _____ Billing Zip Code _____
 Signature _____ Billing Contact _____ Phone # _____

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