



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 and memberships are subject to review and approval by the ACHA CEO and Executive Committee.

Organization Name _____

Website: _____

Year founded: _____

Representative, Main Point of Contact - First Name _____ Last Name _____

Title _____ Professional Designation/Credential (s) _____

Email _____ Phone _____

Mailing Address of primary point of contact: _____

City _____ State _____ Zip _____

Secondary/Backup Point of Contact - First Name _____ Last Name _____

Title _____ Professional Designation/Credential (s) _____

Email _____ Phone _____

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.

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

- Alcohol, Tobacco & Other Drugs
- Faculty & Staff Hlth & Wellness
- LGBTQ+ Health
- Sports Medicine
- Campus Safety & Violence
- Health Information Management
- Sexual Health Coalition
- Student Hlth Insurance/Benefits Plans
- Emerging Public Hlth Threats & Emergency Response
- Historically Black Colleges & Universities (HBCU)
- Spirituality, Religion & Student Hlth
- Travel Health
- Ethnic Diversity
- Wellness Needs of Military Veteran Students

Select all section affiliations that you would like to be actively involved with:

- Administration
- Clinical Medicine
- Mental Health
- Nursing
- Advanced Practice Clinicians
- Health Promotion
- Nurse Administrators
- Pharmacy

Please state your reason(s) for applying as a Sustaining Member of ACHA:

How has your organization engaged in the past with ACHA, if at all? (Ex. past members, exhibitors, sponsorship, advertising, etc.)

If you've ever been a member of ACHA, was your organization's Sustaining Membership ever suspended or revoked? Yes No

II. ORGANIZATIONAL INFORMATION

Furnish company background, including headquarters location, and relevant products and services. You may also provide a direct link to your website "About" page.

IV. MEMBERSHIP CATEGORY

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.
 \$25 – I would like to receive one order of the mailed [Journal of American College Health](#) (full online access for the listed rep is included with your membership)

For-Profit Sustaining Membership – \$4,000/year: Any for-profit association, organization, or business interested or involved in the college health field.
 \$25 – I would like to receive one order of the mailed [Journal of American College Health](#) (full online access for the listed rep is included with your membership)

STOP: If you are applying during the period of July 1-September 30, 2022, your dues will be prorated and current through December 31, 2022. 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 2023 memberships at the full membership rate again and you'll receive those 3 months free plus the full 2023 calendar year. Your membership will be active from October 1 st , 2022 – December 31 st , 2023. Those applications will be available on our website starting October 1 st .

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 membership dues are non-refundable.

III. TERMS AND AGREEMENTS

- Regarding ACHA Connect online forum. Use the community to share successes, challenges, constructive feedback, questions, and goals instead of products or services that you provide. If you've found a product or service helpful, please share your experience with the group in a respectful way. Comments and discussions should not be commercial or promotional in nature. Please do not post commercial or promotional messages that you are affiliated with such as job opportunities, career and job fairs, books, conferences, web-based service, e-mail or online polls, surveys, and/or focus groups. Consider utilizing various ACHA [advertising opportunities](#) to promote your company.

By signing, I can confirm that my organization will comply with Connect guidelines listed above. Violations may result in review of membership, which could result in suspension and/or revocation of membership.

Signature: _____ **Date:** _____