



AMERICAN  
COLLEGE  
HEALTH  
ASSOCIATION

# Institutional Membership Application for New Members

For the membership year January 1, 2025, through December 31, 2025

**EMAIL COMPLETED FORM TO:** [membership@acha.org](mailto:membership@acha.org) OR mail with check payment to American College Health Association, P. O. Box 419224 Boston, MA 02241-9224.

## 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.) \_\_\_\_\_

How did you hear about ACHA? (e.g., ACHA promo postcard, colleague, social media, another association, 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 if appropriate. 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:

SELECTION	LEVEL	HEALTH & WELL-BEING BUDGET	TOTAL DUES
<input type="checkbox"/>	Level 1	No health or well-being program	\$450
<input type="checkbox"/>	Level 2	\$25,000 - \$49,999	\$490
<input type="checkbox"/>	Level 3	\$50,000 - \$99,999	\$550
<input type="checkbox"/>	Level 4	\$100,000 - \$199,999	\$680
<input type="checkbox"/>	Level 5	\$200,000 - \$299,999	\$800
<input type="checkbox"/>	Level 6	\$300,000 - \$499,999	\$920
<input type="checkbox"/>	Level 7	\$500,000 - \$699,999	\$1,150
<input type="checkbox"/>	Level 8	\$700,000 - \$899,999	\$1,360
<input type="checkbox"/>	Level 9	\$900,000 - \$999,999	\$1,900
<input type="checkbox"/>	Level 10	\$1M - \$1.4M	\$2,200
<input type="checkbox"/>	Level 11	\$1.5M - \$1.9M	\$2,700
<input type="checkbox"/>	Level 12	\$2M - \$2.9M	\$3,200
<input type="checkbox"/>	Level 13	\$3M - \$9.9M	\$3,750
<input type="checkbox"/>	Level 14	Greater than \$10M	\$4,250

Mailed hard copy of Journal of American College Health – *optional* (online subscription for 3 members included with membership) E. \$ 25.00 \$ \_\_\_\_\_

(Please remit completed form with payment if using a check) Total due to ACHA: \$ \_\_\_\_\_

## 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 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, coalitions, 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*.

**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.

<u>Ethnicity</u>	<u>Birthday</u>
<input type="checkbox"/> African American	Month _____
<input type="checkbox"/> Asian/Pacific Islander	Year _____
<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Native American	
<input type="checkbox"/> White (non-Hispanic)	
<input type="checkbox"/> Other _____	

**6. Select a primary section affiliation.** Each ACHA individual member must select one primary section affiliation and as many others as preferred. You will be eligible to vote in the [ACHA election](#) as well as 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 and Well-Being Executive Leadership | <input type="checkbox"/> Nurse Administrators | <input type="checkbox"/> Pharmacy |
|   | <input type="checkbox"/> Health Promotion                           |   |                                   |

**Secondary section(s): (optional)**

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <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 and Well-Being Executive Leadership | <input type="checkbox"/> Nurse Administrators | <input type="checkbox"/> Pharmacy |
|   | <input type="checkbox"/> Health Promotion                           |   |                                   |

**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"/> Faculty and Staff Health and Wellness Coalition   | <input type="checkbox"/> LGBTQ+ Health Coalition             | <input type="checkbox"/> Sports Medicine Coalition                             |
| <input type="checkbox"/> Campus Safety and Violence Coalition                            | <input type="checkbox"/> Health Information Management Coalition           | <input type="checkbox"/> Sexual Health Coalition             | <input type="checkbox"/> Student Health Insurance/Benefits Plans Coalition     |
| <input type="checkbox"/> Community College Health Coalition                              | <input type="checkbox"/> Historically Black Colleges & Universities (HBCU) | <input type="checkbox"/> Spirituality and Wellness Coalition | <input type="checkbox"/> Travel Health Coalition                               |
| <input type="checkbox"/> Emerging Public Health Threats and Emergency Response Coalition | <input type="checkbox"/> Integrated College Health Coalition               |  | <input type="checkbox"/> Wellness Needs of Military Veteran Students Coalition |