



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. 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.)

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about ACHA?** (e.g., ACHA promo postcard, colleague, social media, another association, etc.)

\_\_\_\_\_

### I. FEES/FUNDING/DUES

**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 (including 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	\$450
<input type="checkbox"/>	Level 2	25k to 49k	\$490
<input type="checkbox"/>	Level 3	50k to 99k	\$550
<input type="checkbox"/>	Level 4	100k to 199k	\$680
<input type="checkbox"/>	Level 5	200k to 299k	\$800
<input type="checkbox"/>	Level 6	300k to 499k	\$920
<input type="checkbox"/>	Level 7	500k to 699k	\$1,150
<input type="checkbox"/>	Level 8	700k to 899k	\$1,360
<input type="checkbox"/>	Level 9	900k to 999k	\$1,900
<input type="checkbox"/>	Level 10	1M to 1.4M	\$2,200
<input type="checkbox"/>	Level 11	1.5M to 1.9M	\$2,700
<input type="checkbox"/>	Level 12	2M to 2.9M	\$3,200
<input type="checkbox"/>	Level 13	3M to 9.9M	\$3,750
<input type="checkbox"/>	Level 14	>10M	\$4,250

**STOP.** Read below to see if your dues can be prorated. If the proration does not apply, enter the amount from page 1 in the *total due to ACHA* line.

**If you are joining between the period of July 1 to Sep 30, 2025, your dues will be prorated, and your membership will be current through December 31, 2025.**

Month you are joining	Prorated Calculation – complete <u>only one</u> section below depending on the month this application is submitted
July/August	<ul style="list-style-type: none"> <li>• Multiply TOTAL DUES from page 1 (\$_____ X .50 = \$_____) Enter this result in total due below.</li> <li>• (optional) Journal of American College Health, mailed hard copy = <b>\$12.50</b></li> </ul>
September	<ul style="list-style-type: none"> <li>• Multiply TOTAL DUES from page 1 (\$_____ X .25 = \$_____) Enter this result in the total due.</li> <li>• (optional) Journal of American College Health, mailed hard copy = <b>\$6.25</b></li> </ul>
October - December	<p>If you wait until October 1<sup>st</sup>, we will begin processing 2026 memberships at the full dues rate again and you'll receive 3 months free plus the full 2026 calendar year. Your membership will be active from October 1<sup>st</sup>, 2025 – December 31<sup>st</sup>, 2026. Those applications will be available on our website starting October 1<sup>st</sup>.</p>

Mailed hard copy of Journal of American College Health - *optional*  
(online subscriptions are 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) – Complete the following information.

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.

All members 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.

Ethnicity

Birthday

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

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 sections. Regular individual members are eligible to vote in the ACHA National Elections for officers in the primary section in which membership is held.

##### 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 & Well-Being  | <input type="checkbox"/> Nurse Administrators | <input type="checkbox"/> Pharmacy |
|   | <input type="checkbox"/> Executive Leadership |   |                                   |
|   | <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 & Well-Being  | <input type="checkbox"/> Nurse Administrators | <input type="checkbox"/> Pharmacy |
|   | <input type="checkbox"/> Executive Leadership |   |                                   |
|   | <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, Religion, and Student Health 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 |