



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Institutional Membership Application for New Members

For the membership year January 1, 2026 through December 31, 2026

EMAIL COMPLETED FORM TO: 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 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, 2026, your dues will be prorated, and your membership will be current through December 31, 2026.

Month you are joining	Prorated Calculation – complete <u>only one</u> section below depending on the month this application is submitted
July/August	• Multiply TOTAL DUES from page 1 (\$_____ X .50 = \$_____) Enter this result in total due below.
September	• Multiply TOTAL DUES from page 1 (\$_____ X .25 = \$_____) Enter this result in the total due.
October - December	If you wait until October 1 st , we will begin processing 2027 memberships at the full dues rate again and you'll receive 3 months free plus the full 2027 calendar year. Your membership will be active from October 1 st , 2026 – December 31 st , 2027. Those applications will be available on our website starting October 1 st .

(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"/> Executive Leadership | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psychologist or Counselor |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Health Promotion | | <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 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 Executive Leaders | <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 & Well-Being Executive Leaders | <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"/> Community College Health Coalition | <input type="checkbox"/> Integrated College Health Coalition | <input type="checkbox"/> Sexual Health Coalition |
| <input type="checkbox"/> Campus Safety and Violence 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"/> College Health Insurance Policy & Services Coalition | <input type="checkbox"/> Historically Black Colleges & Universities (HBCU) Coalition | <input type="checkbox"/> Public Health Surveillance, Preparedness & Emergency Response Coalition | <input type="checkbox"/> Travel Health Coalition |