



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Sustaining Membership Application for New Members

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

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:

- | | | | |
|--|--|---|--|
| <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"/> Public Health Surveillance, Preparedness, and Response | <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"/> Sexual Health Coalition | <input type="checkbox"/> Travel Health Coalition |
| | <input type="checkbox"/> Integrated College Health Coalition | <input type="checkbox"/> Spirituality and Wellness Coalition | <input type="checkbox"/> Wellness Needs of Military Veteran Students Coalition |

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

- | | | | |
|---|--|---|-----------------------------------|
| <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 Leaders | <input type="checkbox"/> Nurse Administrators | <input type="checkbox"/> Pharmacy |
| | <input type="checkbox"/> Health Promotion | | |

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 - \$600/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.

☐ **For-Profit Sustaining Membership - \$5,000/year:** Any for-profit association, organization, or business interested or involved in the college health field.

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.