

## Individual Membership Application for New Members

For the membership year January 1, 2018 through December 31, 2018

**EMAIL COMPLETED FORM TO:** [membership@acha.org](mailto:membership@acha.org) OR fax to (410) 859-1510 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. CONTACT INFORMATION

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title \_\_\_\_\_ Professional Designation/Credential (s) \_\_\_\_\_

Institution Name \_\_\_\_\_

Preferred Mailing Address (Indicate if your preferred mailing address is your  home or  business)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

Business Phone \_\_\_\_\_  Home or  Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about ACHA (e.g., colleague, internet, advertisement, etc.) \_\_\_\_\_

Reason(s) for joining ACHA (e.g., networking, annual meeting registration discount, etc.) \_\_\_\_\_

#### 1. 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.

As a new member, you will receive **online subscriptions** to both the [Journal of American College Health](#) and the [College Health in Action Newsletter](#) as well as access to archives of past issues. To receive the mailed hard copy versions, an additional fee will apply.

### II. GENERAL INFORMATION

#### 2. Indicate your area of practice/work (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 _____                 |

#### 3. 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

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

##### Gender

- Female  
 Male  
 Transgender

##### Birthday

Month \_\_\_\_\_

Year \_\_\_\_\_

III. MEMBERSHIP CATEGORY

4. Select your membership category.

Regular

- At a Member Institution - \$165
At a Nonmember Institution - \$195
This category is open to anyone (a) providing health services to students at an institution of higher education, or (b) on the staff of an institution of higher education.
\$25 - add this amount to your total from above to receive mailed hard copies of the Journal of American College Health subscription.

Emeritus

- \$35
\$60 - total with a Journal of American College Health mailed hard copy subscription
This category is open to any individual member in good standing at the time of retirement providing the member has held such individual membership status for at least five years immediately preceding retirement. Retirement shall mean that an individual member has withdrawn from active working life and is thus no longer employed to a significant degree, as determined by the Board of Directors, in college health or elsewhere. A letter of request for emeritus status approval, addressed to the ACHA Executive Director, must accompany this form if you have not previously held emeritus membership.

5. Select a primary section affiliation. Each ACHA individual member must select one primary section affiliation and as many others as preferred.

Primary section: (choose one - required)

- Administration, Clinical Medicine, Mental Health, Nursing, Advanced Practice Clinicians, Health Promotion, Nurse-Directed Health Services, Pharmacy

Secondary section(s):

- Administration, Clinical Medicine, Mental Health, Nursing, Advanced Practice Clinicians, Health Promotion, Nurse-Directed Health Services, Pharmacy

6. Select all coalitions that you would like to be actively involved in.

- Alcohol, Tobacco, and Other Drugs Coalition, Ethnic Diversity Coalition, Healthy Campus Coalition, Spirituality, Religion, and Student Health Coalition
Campus Safety and Violence Coalition, Faculty and Staff Health and Wellness Coalition, LGBTQ+ Health Coalition, Student Health Insurance/Benefits Plans Coalition
Emerging Public Health Threats and Emergency Response Coalition, Health Information Management Coalition, Sexual Health Education and Clinical Care Coalition, Travel Health Coalition, Wellness Needs of Military Veteran Students Coalition

IV. DUES

Membership in ACHA is based on the calendar year. You will pay full annual dues, and your membership will be current January-December.

7. Enter the amount from the membership category & any additions 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 ACHA Individual Member.