

Student* Membership Application for New Members

For the membership year January 1, 2017 through December 31, 2017

*This designation is open to bona fide *students* at an institution of higher education; such *students* being those who are truly enrolled in a degree granting curriculum of course work and otherwise not gainfully employed or compensated to any substantial degree that would reasonably negate the expectation of discounted dues or fees. To be considered a full time student, you must be enrolled in a Graduate program taking a minimum of 9 semester hours or an Undergraduate program taking a minimum of 12 semester hours **Please note: Proof of student status, either an unofficial transcript or enrollment verification of status, must be sent along with the application and dues payment.**

EMAIL COMPLETED FORM TO: 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 for questions.

I. CONTACT INFORMATION

First Name _____ Last Name _____ Middle Initial _____
 Institution Name _____
 Major/degree program _____
 Preferred Mailing Address (Indicate if your preferred mailing address is your Home or School)

 City _____ State _____ Zip _____ Country (if not USA) _____
 Email _____ Cell Phone _____
 Work Phone _____ 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.

II. GENERAL INFORMATION

2. Indicate institutional attributes (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> 2-year only | <input type="checkbox"/> Historically Black College or University (HBCU) | <input type="checkbox"/> Native Hawaiian-serving Institution |
| <input type="checkbox"/> 4-year | <input type="checkbox"/> High Hispanic Enrollment | <input type="checkbox"/> Faith-based Institution |
| <input type="checkbox"/> Public Institution | <input type="checkbox"/> Hispanic-serving Institution (HSI) | <input type="checkbox"/> None listed here |
| <input type="checkbox"/> Private Institution | <input type="checkbox"/> Indian Tribally Controlled College or University | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Postsecondary Minority Institution | <input type="checkbox"/> Alaska Native-serving Institution | |

II. GENERAL INFORMATION (CONT.)

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.

<u>Ethnicity</u>			<u>Gender</u>			<u>Age</u>		
<input type="checkbox"/> White (non Hispanic)			<input type="checkbox"/> Female			<input type="checkbox"/> 25 and under		
<input type="checkbox"/> Asian/Pacific Islander			<input type="checkbox"/> Male			<input type="checkbox"/> 26-40		
<input type="checkbox"/> African American			<input type="checkbox"/> Transgender			<input type="checkbox"/> 41-64		
<input type="checkbox"/> Native American						<input type="checkbox"/> 65 and over		
<input type="checkbox"/> Hispanic/Latino								
<input type="checkbox"/> Other _____								

4. Indicate area(s) of interest (select all that apply):

<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 Promotion	<input type="checkbox"/> Nurse-Directed Health Services	<input type="checkbox"/> Pharmacy

5. To be considered a full time student, you must be enrolled in a Graduate program taking a minimum of 9 semester hours or an Undergraduate program taking a minimum of 12 semester hours. Proof of student status, either an unofficial transcript or enrollment verification of status, must be sent along with the application. Are you: Graduate Undergraduate (response required)

How many semester hours are you currently enrolled in? _____

6. Are you: Unemployed Self-employed/consultant Employed? (response required)

Place of Employment _____ Position/Title _____

7. If employed or self-employed/consultant, number of hours involved in compensated activities per week: _____ (response required)

Compensated position/activity is for:

12 months per year 9 months per year 6 months per year 3 months per year Other _____

III. MEMBERSHIP CATEGORY

8. Select from the student membership options below.

\$35 – includes full online access to the articles of the [Journal of American College Health](#) & [Action Newsletter](#) as well as archives of past issues.
 \$85 – includes a mailed hard copy of the *Journal of American College Health* subscription.

IV. DUES

9. Enter the amount from the membership category option selected above.

\$ _____

Application fee

\$ 15.00

Please remit this completed form and transcript with payment.

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 Student Member.

Please note that Student Members are not eligible for continuing education credits when attending the Annual Meeting.

Final Checklist Before Sending your Application to ACHA:

Did you make sure to?

- Calculate your total dues and add application fee
- Include your payment
- Include a copy of this completed application
- Include proof of student status
- Answer all questions pertaining to employment and student status