



advocacy • education • research

# 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](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

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.

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

- Gender**
- Female  
 Male  
 Transgender

- Age**
- 25 and under  
 26-40  
 41-64  
 65 and over

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

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

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. Membership in ACHA is based on the calendar year and your membership will be current through December 31, 2017. Use the proration schedule below to find your dues amount.**

*If you are **applying during the period of July 1 through December 31, 2017**, your dues will be prorated and current through December 31, 2017.*

- Student member - \$26.25 (includes online access to Journal) **OR**  Student Member with a mailed Journal subscription - \$26.25 + \$37.50 = **\$63.75**

**IV. DUES**

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

	\$ _____
Application fee	\$ 15.00
<b>Total due to ACHA:</b>	\$ _____

**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