

## Sustaining Membership Application for New Members

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

### I. GENERAL INFORMATION

**Note: All sustaining membership applications are subject to approval by the ACHA Executive Committee. 1 individual rep per membership.**

Organization Name \_\_\_\_\_  
 Representative First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Title \_\_\_\_\_ Professional Designation/Credential (s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about ACHA (e.g. colleague, internet, advertisement, etc.) \_\_\_\_\_  
 Reason(s) for joining ACHA (e.g. networking, discount on advertising rates, etc.) \_\_\_\_\_

**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. ORGANIZATIONAL INFORMATION

Furnish company background, including products and services. Alternately, you can provide a direct link to your website "About" page.

Indicate your level of involvement with ACHA (Check all that apply):

exhibitor     sponsor     advertiser     Other \_\_\_\_\_

### III. MEMBERSHIP CATEGORY

**Nonprofit Sustaining Membership - \$425/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 (i.e., the nonprofit branch and/or foundation of a for-profit organization is not eligible for this membership category) may apply for ACHA membership. ACHA reserves the right to request proof of non-profit status.

**For-Profit Sustaining Membership - \$1,900/year**

Any for-profit association, organization, or business interested or involved in the college health field is eligible to apply for ACHA membership in this category. Each branch office of a business is considered independent of the parent company for membership purposes and must apply for their own membership privileges.

### 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.**