



advocacy•education•research

# 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 member, you will receive **online subscriptions** to both the [Journal of American College Health](#) & [College Health in Action Newsletter](#)

## 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

<input type="checkbox"/> <b>Nonprofit Sustaining Membership - \$425/year</b> Any nonprofit or charitable giving association or organization interested or involved in the college health field. ACHA reserves the right to request proof of non-profit status. <b>OR</b> If you are applying during the period of <u>7/1/17-12/31/17</u> , your dues will be prorated and current through 12/31/17.	<input type="checkbox"/> <b>For-Profit Sustaining Membership - \$1,900/year</b> Any for-profit association, organization, or business interested or involved in the college health field. <b>OR</b> If you are applying during the period of <u>7/1/17-12/31/17</u> , your dues will be prorated and current through 12/31/17.
<input type="checkbox"/> <b>Nonprofit Sustaining Membership - \$318.75 prorated (Jul 1-Dec 31)</b>	<input type="checkbox"/> <b>For-profit Sustaining Membership - \$1,425 prorated (Jul 1-Dec 31)</b>

## 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 individual Sustaining representative indicated above.**