

Student* Membership Application for New Members

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

*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. A student will not be employed as a *professional* or *civil service* employee as determined by the Board of Directors. 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 _____

Reason(s) for joining ACHA (e.g. networking, annual meeting registration discount, NCHA-data access, 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 version, an additional fee will apply.

II. GENERAL INFORMATION

2. 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.

<p><u>Ethnicity</u></p> <p><input type="checkbox"/> White (non-Hispanic)</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Birthday</u></p> <p>Month _____</p> <p>Year _____</p>
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3. Each ACHA student member is automatically placed in the Student/Consumers [Section](#) as their primary choice and may select as many others as preferred:

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

4. 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? _____

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

Place of Employment _____ Position/Title _____

6. If employed, 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

7. Select from the student membership options below. If you are applying during the period of **July 1-December 31, 2018**, your dues will be prorated and current through December 31, 2018.

- \$0 – free if your school is a current Institutional Member of ACHA: Institutional Member ID#: _____
 \$35/yr OR \$26.25 prorated (Jul 1 – Dec 31) – if your school is not a current Institutional Member – both options include full online access to the articles of the [Journal of American College Health](#) & [Action Newsletter](#) as well as archives of past issues.
 \$25/yr OR \$18.75 prorated (Jul 1 – Dec 31) – add this amount to your total from above to receive mailed hard copies of the *Journal of American College Health* subscription.

IV. DUES

8. Enter the amount from the membership category option(s) 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 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?

- Ensure info above reflects full-time student status and not employed full-time
 Calculate your total dues and include payment
 Include a copy of this completed application
 Include proof of student status in the form of a transcript or enrollment verification
 Complete all questions in section 4-6