

Sustaining Membership Application for New Members

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

I. GENERAL INFORMATION

Note: All sustaining membership applications are subject to approval by the ACHA Executive Committee.

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

Select all **coalitions** that you would like to be actively involved in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alcohol, Tobacco & Other Drugs | <input type="checkbox"/> Ethnic Diversity | <input type="checkbox"/> Healthy Campus | <input type="checkbox"/> Spirituality, Religion & Student Health |
| <input type="checkbox"/> Campus Safety & Violence | <input type="checkbox"/> Faculty & Staff Health & Wellness | <input type="checkbox"/> LGBTQ+ Health | <input type="checkbox"/> Student Health Insurance/Benefits Plans |
| <input type="checkbox"/> Emerging Public Health Threats & Emergency Response | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Sexual Health Education & Clinical Care | <input type="checkbox"/> Travel Health |
| | | | <input type="checkbox"/> Wellness Needs of Military Veteran Students |

Select as many **section affiliations** as you like:

- | | | | |
|---|--|---|-----------------------------------|
| <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 |

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. ORGANIZATIONAL INFORMATION

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

III. MEMBERSHIP CATEGORY

- | | |
|---|---|
| <input type="checkbox"/> Nonprofit Sustaining Membership - \$500/year OR \$375 prorated (Jul 1- Dec 31) 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. ACHA reserves the right to request proof of non-profit status. OR If you are applying during the period of 7/1/18-12/31/18 , your dues will be prorated and current through 12/31/18.
<input type="checkbox"/> I would like to receive mailed copies of the Journal: \$25/year OR \$18.75 prorated (Jul 1 – Dec 31) | <input type="checkbox"/> For-Profit Sustaining Membership – \$4,000/year OR \$3,000 prorated (Jul 1 – Dec 31) Any for-profit association, organization, or business interested or involved in the college health field. OR If you are applying during the period of 7/1/18-12/31/18 , your dues will be prorated and current through 12/31/18.
<input type="checkbox"/> I would like to receive mailed copies of the Journal: \$25/year OR \$18.75 prorated (Jul 1 – Dec 31) |
|---|---|

IV. DUES

Enter the amount from the membership category selected above. **Total due to ACHA:** \$ _____

V. PAYMENT METHOD - Credit card payment receipts will be emailed to the representative indicated above.

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 # _____