

Application for
International Associate

ACHE
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AmericanCollege of
HealthcareExecutives
for leaders who care®

Application for International Associate

The American College of Healthcare Executives is an international professional society of more than 30,000 healthcare executives from a wide variety of backgrounds and diverse settings. ACHE's goal is to advance excellence in healthcare leadership and management through comprehensive educational, career development, and public policy programs; publications covering the latest issues, challenges, and opportunities that will help you to advance in your career; and ground-breaking research in healthcare management.

As an International Associate of ACHE, you will receive complimentary subscriptions of Healthcare Executive and your choice of another ACHE top-notch publication—the *Journal of Healthcare Management* or *Frontiers of Health Services Management*, affiliate rates for education programs and a number of other benefits.

A bachelor's degree from an accredited university and an interest in or commitment to the profession of healthcare management in a foreign country, not including members of the U.S. uniformed services, is required to join ACHE.

Complete this application in full and return it along with the appropriate dues (see back page). You may also fax your completed application with credit card information to (312) 424-9405. A resume or curriculum vitae is not an acceptable alternative. Please type or print in English.

***International Associates are not eligible to advance to Fellow (FACHE) status. If you are interested in advancing, consider applying as a full Member instead of an International Associate. International Associates do not have voting privileges, are ineligible to sit on ACHE's Council of Regents or Board of Governor's, and cannot serve as Chairman Officers of ACHE.**

Save time! Apply online at ache.org.

A Name

Female

Male

FIRST

MIDDLE

LAST

SUFFIX

B Personal Information

DATE OF BIRTH (MM/DD/YY)

HOME ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

HOME PHONE

FAX

Do you wish your mail to be sent to your business **or** home address? Check one.

E Education

List all academic degrees earned, beginning with the most recent.

1	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT
2	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT
3	<input type="checkbox"/> Graduate	_____	_____
	<input type="checkbox"/> Undergraduate	SCHOOL NAME AND LOCATION	ATTENDED (FROM-TO: LIST MONTH/YEAR)
		_____	_____
		DEGREE OR DIPLOMA (ABBREV.)	MAJOR SUBJECT

F Statement of Release and Agreement

In furtherance of this application, I hereby release ACHE and its officers, directors, affiliates, agents, and employees, and the providers of any information about me, from any and all liability and agree to save and hold each of them harmless from and against all claims, costs, expenses, demands, actions and liability arising from or relating to acts performed in good faith and without malice in connection with the provision, collection and evaluation of information and opinions, whether or not requested or solicited, concerning my application for membership in the American College of Healthcare Executives.

I further represent and warrant that the information provided on this application is accurate—including my graduation date—and complete and agree that if I am admitted as an affiliate of ACHE, I will abide by ACHE's *Bylaws, Code of Ethics, Regulations* and other rules (which are available on ache.org) and that all of the foregoing releases and agreements will remain in effect with respect to any future evaluation of my fitness for continued membership in ACHE.

SIGNATURE

DATE

G Membership Dues

International Associate dues are \$150 (U.S. Dollars*). Payment of dues is required with this completed application. The prorated dues payment schedule is as follows:

Month Applied	Amount Due
January-June	\$150
July-August	\$75
September-December	\$150 (Payment will cover next year's dues in full.)

Dues are billed in October for subsequent years.

***ACHE reserves the right to revise its annual dues at any time without notice. If amounts have changed since you completed this application, ACHE will invoice you for the difference.**

Method of Payment

Check enclosed (payable to the *American College of Healthcare Executives*)

 **Visa**

 **MasterCard**

 **American Express**

 **Discover**

\$

AMOUNT CHARGED

ACCOUNT NUMBER

EXP. DATE

CARDHOLDER'S SIGNATURE

H Choose Your Journal

You will automatically receive *Healthcare Executive* magazine with your membership. In addition, please select one:

- Journal of Healthcare Management* (6 times/year, concise research articles) or
 Frontiers of Health Services Management (4 times/year, one in-depth topic per issue)

Visit www.ache.org/pubs/journal_facts.cfm for details.

I Application Checklist

Place a **check mark** in each of the following boxes:

- I have signed and dated this application (Section F).
 I have completed the Membership Dues section and will provide appropriate documentation.
 I have a minimum of a Bachelor's Degree from an accredited university.
 I have an interest in and commitment to the profession of healthcare management.
 I have made a copy for my records.

An application cannot be processed until all requested information, including dues, have been submitted. Please allow up to four weeks for processing. You will receive a new member e-mail when your membership has been approved.

Mail completed application to: American College of Healthcare Executives
6876 Eagle Way
Chicago, IL 60678-1068
Or Fax to: (312) 424-9405