



American College of
Healthcare Executives
for leaders who care®

Application for **Life Status**

Apply online at **my.ache.org** 

Life status is available to Fellows who are retired* and who have 25 years of combined membership at the Member, Fellow and/or Retired level. With Life Status, you can add LFACHE after your name to reflect your long time support of ACHE. You are entitled to all rights and privileges of ACHE membership (except serving as an elected official). As a token

of our appreciation for your longtime membership, you will receive a complimentary subscription to *Healthcare Executive* magazine. If you prefer not to receive other mailings, such as the journal of your choice and other publications, you can continue your membership at no charge. However, you can receive ACHE mailings for a \$75 annual fee.

*If you are semi-retired, you must be working fewer than 3 days per week.

AFFILIATE ID NUMBER:

Current ACHE Status:

Fellow

Retired Fellow

FULL NAME

PHONE NUMBER

RETIREMENT DATE

If you have not recently updated your address with ACHE, please complete this information. If you prefer, you may update your contact information at My ACHE on **ache.org**.

ADDRESS:

CITY

STATE

ZIP

E-MAIL ADDRESS:

You must meet the following requirements to be eligible for Life Status:

I am currently an ACHE Fellow

I am retired or semi-retired

I have been an ACHE Member or Fellow for a combination of 25 years or more

OR

I am a Fellow who has become disabled and am unable to work full time

I represent and warrant that the information provided on this application is accurate and complete. I agree that if I am granted Life Status in ACHE, I will continue to abide by ACHE's *Bylaws*, *Code of Ethics* and other rules and regulations (found on **ache.org**).

SIGNATURE

DATE

Choose one:

I elect not to receive ACHE mailings and will continue my membership at no charge. No payment required.

OR

I elect to continue to receive ACHE mailings and agree to pay a \$75 annual dues payment.
Complete payment form below. You will be billed annually.

Method of Payment

Check enclosed (made payable to American College of Healthcare Executives)

Credit Card (circle one)  Visa  Mastercard  American Express  Discover

Amount: \$75.00


CARD NUMBER


EXP DATE

SIGNATURE

I have already submitted payment by (circle one): Check Credit Card
Please attach documentation of receipt or cancelled check or statement, if available.

Send this completed form to:

 Fax: (312) 424-9405

 Mail: American College of Healthcare Executives
6876 Eagle Way
Chicago, IL 60678-3529

If you have any questions, contact ACHE at (312) 424-9400 or contact@ache.org.