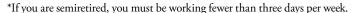
Retired Status Application

Retired status is available to Members and Fellows who are retired* and not in a compensated position. Retired status allows for continuation of all rights and privileges of ACHE membership (except serving as an elected official) at a reduced rate of \$75 annually. This fee covers the cost of mailings.

If you are a Fellow and have 25 years of total membership (allows for a combination of Member, Fellow and/or Retired statuses), consider applying for Life status instead of Retired status to reflect your longtime support of ACHE. Please contact ACHE at (312) 424-9400 or contact@ache.org for more information.





If you are sending in a hard copy application, it is required you mail in a check for security purposes. To pay via credit card, **apply online at ache.org/Join.**

Personal Information			
MEMBER ID NUMBER (IF KNOWN)		Current Status	Member Fellow
FULL NAME	PHONE NUMBER	RETIREMENT DATE	
MOST RECENT TITLE AND EMPLOYER			
If you have not recently updated your add			•
information. If you prefer, you may update	e your contact information in the	My ACHE area of ac l	ne.org.
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
You must meet the following requirements	s to be eligible for Retired status:		
I am currently an ACHE Member or Fellow	I am retired or	semiretired	
I am a Member who has become disabled work, you are eligible for Life status regard	and am unable to work full time. (If you a dless of ACHE tenure. Consider applying fo		ne disabled and unable to
I represent and warrant that the information granted this waiver, I will continue to abid to ache.org).			
SIGNATURE		DATE	
Dues (U.S. Dollars)*			
Check in the amount of \$75 is enclosed (made	payable to American College of Healthcare	e Executives)	
*Note: Check payment is required with hard copy application	ons. To pay with credit card, please apply online	at ache.org/Join.	
Mail completed application with payment to:	American College of Healthcare E 3439 Eagle Way, Chicago, IL 606		