

Retired Status *Application*



American College of
Healthcare Executives
for leaders who care®

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 semiretired, you must be working fewer than three days per week.

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](https://www.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 address with ACHE, especially since your retirement, please complete this information. If you prefer, you may update your contact information in the My ACHE area of [ache.org](https://www.ache.org).

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

You must meet the following requirements to be eligible for Retired status:

I am currently an ACHE Member or Fellow

I am retired or semiretired

OR I am a Member who has become disabled and am unable to work full time. (If you are a Fellow who has become disabled and unable to work, you are eligible for Life status regardless of ACHE tenure. Consider applying for Life status.)

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

SIGNATURE

DATE

Dues (U.S. Dollars)*

Check in the amount of \$75 is enclosed (made payable to American College of Healthcare Executives)

*Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at [ache.org/Join](https://www.ache.org/Join).

Mail completed application with payment to: American College of Healthcare Executives
3439 Eagle Way, Chicago, IL 60678-1034