

# Reinstatement *Application*

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](http://ache.org)**.



American College of  
Healthcare Executives  
*for leaders who care®*

## Personal Information

MEMBER ID NUMBER (IF KNOWN) \_\_\_\_\_ Preferred mailing and email address:  Business **or**  Home (Check one.)

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ SUFFIX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_ HOME EMAIL ADDRESS \_\_\_\_\_

**Canadian Anti-Spam Law:** For those living or working in Canada, check this box if you want to receive email from ACHE.

## Current Position

If you have held more than one position **since your suspension from ACHE**, please update this information on your My ACHE page by logging in at [my.ache.org](http://my.ache.org) (login assistance available).

TITLE \_\_\_\_\_ START DATE (MM/DD/YY) \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS EMAIL ADDRESS \_\_\_\_\_

## Statement of Release and Agreement

If reinstated as a member of ACHE, I pledge to abide by ACHE's *Bylaws, Code of Ethics, Regulations* and other rules (which are available on [ache.org](http://ache.org)). I release ACHE and its agents from liability with respect to any evaluation of my fitness for membership or continued membership in ACHE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Membership Dues (U.S. Dollars)\*

If your membership has been inactive one year or more, your annual dues will be prorated based on the month you reinstate. If your membership has been inactive less than one year when you reinstate, you will pay the full annual dues amount. See chart below. Go to [my.ache.org](http://my.ache.org) to view your personalized ACHE reinstatement application. Please contact the Customer Service Center at (312) 424-9400 or at [contact@ache.org](mailto:contact@ache.org) if you have any questions. *Please check the appropriate box below. (Payment must be included with application.)*

Member < 3 years										
Month Applied	January	February	March	April	May	June	July	August	September–December	
Amount Due	\$160 <input type="checkbox"/>	\$146.67 <input type="checkbox"/>	\$133.33 <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$106.67 <input type="checkbox"/>	\$93.33 <input type="checkbox"/>	\$80 <input type="checkbox"/>	\$66.67 <input type="checkbox"/>	\$160 (Payment will cover next year's dues in full.) <input type="checkbox"/>	
Member 3–5 years										
Month Applied	January	February	March	April	May	June	July	August	September–December	
Amount Due	\$265 <input type="checkbox"/>	\$242.92 <input type="checkbox"/>	\$220.83 <input type="checkbox"/>	\$198.75 <input type="checkbox"/>	\$176.67 <input type="checkbox"/>	\$154.58 <input type="checkbox"/>	\$132.50 <input type="checkbox"/>	\$110.42 <input type="checkbox"/>	\$265 (Payment will cover next year's dues in full.) <input type="checkbox"/>	
Member 6+ years and Fellows										
Month Applied	January	February	March	April	May	June	July	August	September–December	
Amount Due	\$345 <input type="checkbox"/>	\$316.25 <input type="checkbox"/>	\$287.50 <input type="checkbox"/>	\$258.75 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$201.25 <input type="checkbox"/>	\$172.50 <input type="checkbox"/>	\$143.75 <input type="checkbox"/>	\$345 (Payment will cover next year's dues in full.) <input type="checkbox"/>	

Check 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](http://ache.org).

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

APREINSTATE1019