Life Status *Application*

AmericanCollege *of*
HealthcareExecutives
for leaders who care®

Life status is available to Fellows who are retired* and have 25 years of combined membership at the Member, Fellow and/ or Retired level, or if you are a Fellow unable to work full time due to a disability. With Life status, you can add LFACHE after your name to reflect your longtime support of ACHE. You are entitled to many of the rights and privileges of ACHE membership. Visit **ache.org/Retired** for complete details.

*If you are semiretired, you must be working three days or fewer per week.

Personal Information

_____

MEMBER ID NUMBER (IF KNOWN)

Current Fellow ☐ Yes ☐ No

_____   _____   _____

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

_____

EMAIL ADDRESS

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

☐ ACHE membership for 25 years or more.

☐ Retired or semiretired **OR** ☐ Fellow who has become disabled and unable to work full time (25 tenure year requirement is waived).

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/Ethics**) and that I will alert ACHE if I return to full-time employment status..

_____   _____

SIGNATURE   DATE

Choose one

Life Fellow membership is complimentary and includes a print copy of *Healthcare Executive* magazine and electronic access to our two journals. However, you can choose to receive print subscriptions to the journals for a $75 annual fee.

☐ I wish to receive a complimentary membership.

☐ I wish to add print periodicals to my complimentary membership and agree to pay an additional $75 fee.

You will be contacted annually by mail regarding your work status, mailing and billing options as a Life Fellow.
Please review this correspondence to confirm your preferences.

Payment (U.S. Dollars)**

☐ No payment required.

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

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

** Check payment is required with hard copy applications.
To pay with credit card, please apply online at **ache.org/Join**.