

# JOIN ACA TODAY!

Join online at [www.aca.org](http://www.aca.org) and pay with your credit card. Or, fill out and return the completed registration form and payment to *ACA, Attention: Membership, 206 N. Washington St., Suite 200, Alexandria, VA 22314.*

<b>Membership Categories (Check One)</b>					
<b>U.S. &amp; U.S. Territories Dues</b>			<b>International Dues</b>		
	1 Year	3 Years		1 Year	3 Years
<input type="checkbox"/> Professional I	\$35	\$99	<input type="checkbox"/> Professional I	\$75	\$215
<input type="checkbox"/> Professional II	\$75	\$215	<input type="checkbox"/> Professional II	\$110	\$320
<input type="checkbox"/> Executive Gold	\$100	\$290	<input type="checkbox"/> Executive Gold	\$150	\$440
<input type="checkbox"/> Organizational	\$300		<input type="checkbox"/> Organizational	\$390	
<input type="checkbox"/> Supporting Patron	\$350		<input type="checkbox"/> Supporting Patron	\$440	
<input type="checkbox"/> Associate	\$25				

*Optional:*  
 Yes, I would like to join the Healthcare Professional Interest Section (H-PIS) for an additional \$25

## Member Information:

*\*\*In order to process your application accurately, all of the following fields must be provided.*

Please check one  Home  Work

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility or Organization: \_\_\_\_\_

Area of Corrections: \_\_\_\_\_

*\*\*If applicable, please choose Dual Chapter Membership:* \_\_\_\_\_

## Payment Method

Check/Money Order Enclosed- Payment must be made to:

**ACA- Attention: Membership**  
**206 N. Washington St., Suite #200**  
**Alexandria, VA 22314**

*A \$25 fee will be charged for returned checks/electronic transactions.*

Credit Card:  American Express  Diners Club  Discover  Mastercard  Visa

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_