

Eastern Pennsylvania Healthcare Executive Network 2010 Chapter Application & Information Update

Please check appropriate categories:

- I paid my **2010** American College of Healthcare Executives (ACHE) dues
- ACHE Member ACHE Fellow
- ACHE Membership # _____
- I am **NOT** a member of ACHE and wish to be a Chapter Associate
- Renewal New Associate
- \$70.00 Non-ACHE member
- \$25.00 Student Associate **

**Must be enrolled in an accredited undergraduate or graduate degree program.
Please list academic institution and program:

Please complete all contact information:

Name: _____

Title: _____

Organization: _____

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____ Email: _____

Would you prefer mail be sent to: ___Home ___Work

General Information: (Please check all that apply to you)

1. Type of Organization:

	Hospital		Long Term Care		College/University
	Managed Care		Home Health Agency		Consulting
	Pharmaceutical		Physician Practice		Government/Policy
	Other: _____				In Transition

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2. Are you interested in serving on a Network committee? Yes No

If yes, please check one: Membership Program
 Sponsorship Audit

3. Do you know of anyone else who may be interested in affiliating with EPAHEN?
If yes, please provide us with their contact information below.

Name: _____

Organization: _____

Title: _____

Phone number: _____

E-Mail Address: _____

My signature below confirms that I will abide by the American College of Healthcare Executives "Code of Ethics".

Signature: _____ Date: _____

Thank you for completing your application.

**If you are not an ACHE Member/Fellow, please include a check for \$70 (\$25 for students).
Please make checks payable to Eastern Pennsylvania Healthcare Executive Network.**

Mail completed application/update (and check if Non-ACHE member) to:
Eastern PA Healthcare Executive Network
c/o Samuel Platia
5615 Spring Ridge Dr
Macungie, Pa. 18062