

# Eastern Pennsylvania Healthcare Executive Network

## 2009 Chapter Application & Information Update

*Please check appropriate categories:*

I paid my **2009** 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:

Non-ACHE member (\$70.00) \_\_\_\_\_  
 Student\*\* Affiliate (\$25.00) \_\_\_\_\_

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

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*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