



Association of Academic Health Centers®  
International

*Leading institutions that serve society*

## AAHCI MEMBERSHIP INFORMATION

Membership in AAHC International™ is *institution-based* and not open to individuals.

AAHCI's membership year is July 1<sup>st</sup> – June 30<sup>th</sup>.

There are two levels of membership: Institutional and Associate

### AAHCI Institutional Member Criteria and Dues:

Dues: US \$5,000

- (1) AAHCI Institutional Members must be accredited, degree-granting institutions of higher education that:
  - a. Educate a wide variety of health care professionals
  - b. Offer comprehensive basic and advanced patient care
  - c. Conduct a broad spectrum of biomedical and health services research.
- (2) AAHCI Institutional Members must consist of:
  - a. A school of medicine
  - b. At least one other health professions school or program (such as allied health, dentistry, graduate studies, nursing, pharmacy, public health, or veterinary medicine)
  - c. One or more owned or affiliated teaching hospitals or health systems.

### AAHCI Associate Member Criteria and Dues:

Dues: US \$3,500

Institutions that do not qualify as Institutional Members may apply for an Associate Membership. AAHCI's Associate Membership program provides an opportunity for institutions that do not meet the criteria of an academic health center to gain the benefits of membership. Associate members are approved (on a case-by-case basis) by the AAHCI Steering Committee. To be approved for Associate Membership, the institution must fall under one of two categories:

- a. Have declared their intent to become an academic health center
- b. Share similar missions with AAHCI Institutional Members.

### Benefits of Full Membership vs. Associate Membership

| Member Benefits   | Full Membership | Associate Membership |
|---|-----------------|----------------------|
| Attendance and Speaking opportunities at regional meetings, AAHC Annual Meeting, and International Forum  | *               | *                    |
| Networking and personal connections with a global network of academic health center leaders   | *               | *                    |
| Monthly AAHCI Newsletter  | *               | *                    |
| Access to best practices reports, toolkits, issue briefs and policy papers  | *               | *                    |
| Unique data, metrics, and other programmatic initiatives specific to academic health centers  | *               |                      |
| Voting Rights in AAHCI  | *               |                      |
| Attendance and speaking opportunities at working group meetings, such as Social Determinants of Health, Senior Administrative/Fiscal Officers, Global Programs Network, etc | *               |                      |
| Free copy of AAHCI publications   | *               |                      |

*Note: Future benefits for full members may include Academic Health Center Accreditation*

Please send form and payment to:

Association of Academic Health Centers International

1400 16<sup>th</sup> Street NW, Suite 720 • Washington, DC 20036 • P: (202) 265-9600 • F: (202) 265-7514

E: [amcintosh-peters@aahcdc.org](mailto:amcintosh-peters@aahcdc.org) • W: [www.aahci.org](http://www.aahci.org)



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## APPLICATION FOR MEMBERSHIP

### HOW TO APPLY

1. Review Institutional and Associate Member criteria and dues
2. Complete the questionnaire below
3. Enclose the dues payment or mark the "Please Bill" box.

### ELIGIBILITY

Check the boxes that apply to your institution to determine eligibility for membership

|  | Yes | No | Plans to develop |
|--|-----|----|------------------|
| A medical school   |     |    |                  |
| One or more other health profession schools, as, for example, Allied health, dentistry, graduate studies, nursing, pharmacy, public health, veterinary medicine health |     |    |                  |
| A relationship with a teaching hospital or health system   |     |    |                  |

### MEMBER CATEGORY

Please select the category that properly reflects your institution:

1. Institutional Member
2. Associate Member

*Please Describe Considerations for Membership (Associate Members only)*

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### CONTACT INFORMATION

Name of Institution: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

### PAYMENT INFORMATION

Send an Invoice  Visa/MC/AMEX # \_\_\_\_\_

Check Enclosed  Name on Card: \_\_\_\_\_

Billing Zip/Postal Code \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature Code: \_\_\_\_\_

Signature \_\_\_\_\_

*Qualification for AAHCI membership is subject to review and approval.*

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