



Unleashing Your Potential

Join. Participate. Benefit. Succeed.

Call or log on today

(312) 440-8900 | http://membership.adha.org

Membership Form

Member Information

Name, Email, Address, Daytime Phone, City, State, Zip, Evening Phone, Dental hygiene school attended, State, Year of Graduation, Highest educational level attained, Circle Your Credential, RDH, LDH, Other, Current License #, State

To qualify for Active membership, you must have been granted a license to practice. Applications received without a license number will not be processed.

Membership Demographic Information

In an effort to learn more about ADHA members, we would appreciate your assistance with the following information:

Gender, Birth Date, Ethnicity, Hours worked per week in Dental Hygiene, Primary Position, State(s) in Which You Hold Current License(s), License Number(s), Year(s) Issued

Annual Dues

Table with 2 columns: Category (ADHA, Constituent\*, Local component\*, Assessment\*\*, Total) and Amount (\$175.00, \$, \$, \$, \$)

\*ADHA bylaws require all active members belong to national (ADHA), constituent (state) and component (local area) organizations.

Contact ADHA Member Services for correct constituent and component dues amounts (312) 440-8900.

\*\*Only CO, CT, HI, ID, IL, KS, OR, WA

Dues are not deductible as a charitable contribution for federal income tax purposes. They may be deducted as a business expense.

Method of Payment

- I am enclosing a check payable to ADHA for the amount of my annual dues. (see Total)
Please charge my annual dues to my credit card. (see Total)
Please enroll me in the Quarterly Payment Plan using my credit card. (see Total plus additional \$12.00 processing fee)

\*Renewing members must opt-into the quarterly payment plan online using your existing membership account.

Visit http://payments.adha.org for more information on available payment options

Card Number, Expiration Date, Signature, American Express, VISA, MasterCard

I understand that by providing us your credit card information, you hereby agree that ADHA may automatically renew your membership each year by charging the applicable membership dues fee directly to your credit card.

Send Application to

Mail 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611

Phone (312) 440-8900

Apply online at www.adha.org

DUES ARE NONREFUNDABLE

WEB