

Join. Participate. Benefit. Succeed.

Call or log on today

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

Member Information

Name _____ Email _____
Address _____ Daytime Phone (include area code) _____
City _____ State _____ Zip _____ Evening Phone (include area code) _____
Dental hygiene school attended: _____ State _____ Year of Graduation _____
Highest educational level attained: Certificate Associate Baccalaureate Master's Doctorate
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: Female Male _____ Birth Date: _____ Ethnicity (optional): _____
Hours worked per week in Dental Hygiene: _____
Primary Position (check one): Clinician Educator Public Health Researcher Administrator/Manager Other
State(s) in Which You Hold Current License(s): _____ License Number(s): _____ Year(s) Issued: _____

Annual Dues

Method of Payment

ADHA
Constituent*
Local component*
Assessment**

Total
\$190.00
\$ 50.00
\$ 6.00
\$ _____ **\$246.00**

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

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

Contact ADHA Member Services for correct constituent
available payment options

Card Number

American Express

Discover
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.

Expiration Date

Signature

/

VISA

MasterCard

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

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. Your membership fee will be charged on an annual
or quarterly basis according to the manner you have indicated. Please
ensure we have updated credit card information so the renewal may be processed. If you do not wish to have your dues automatically renewed each year, you may opt-out next
year.

WEB