



Join. Participate. Benefit. Succeed.

Call or log on today

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

Membership

**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**

ADHA	\$202.00
Constituent*	\$ 50.00
Local component*	\$ 6.00
Assessment**	\$ _____
<b>Total</b>	<b>\$258.00</b>

\*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 \_\_\_\_\_  American Express  Discover  
 \_\_\_\_\_ / \_\_\_\_\_  VISA  MasterCard

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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.

**Send Application to**

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

**Phone** (312) 440-8900

**Apply online** at [www.adha.org](http://www.adha.org)

**DUES ARE NONREFUNDABLE**