

AMERICAN DENTAL HYGIENISTS' ASSOCIATION

Professionals promoting total health through quality oral health care.

Membership Application

Division of Member Services
444 N. Michigan Ave., Suite 3400, Chicago, IL 60611
800-243-2342 • 312-440-8900 • FAX 312-467-1806 • www.adha.org

_____-_____-_____
Social Security Number

Name (Last, First, Middle Initial) Circle Your Credential:
RDH LDH Other:_____

Maiden Name (If applicable) Email Address

Street Address Daytime Telephone (include area code)

City/State/Zip Code Evening Telephone (include area code)

Dental hygiene school attended: _____ State: _____ Year of Graduation: _____

To qualify for Active membership, you must have been granted a license to practice dental hygiene.

Current License #: _____ State: _____
(Required)

Highest educational level attained Certificate Associate Baccalaureate Master's
 Doctorate

Annual Dues:

National Dues \$ 170.00
Constituent Dues* \$ 93.00 (state)
Component Dues* \$ 10.00 (local)
TOTAL \$ 273.00

Method of Payment:

I am enclosing a check payable to ADHA for the amount of my annual dues as determined above.

Please charge my annual dues as determined above to my credit card.

(Complete the credit card information below.) VISA MasterCard

Card Number: _____ - _____ - _____ - _____ Expiration date: _____

Name as it appears on the card: (Please print)

Signature: _____ Date: _____

DUES ARE NONREFUNDABLE

*\$6.00 and \$5.00 of the annual ADHA membership dues are allocated for subscriptions to the *Journal of Dental Hygiene* and *Access*, respectively. Dues are not deductible as charitable contributions for federal income tax purposes. They may be deducted as a business expense.

To accommodate the needs of members, ADHA offers two dues billing cycles: summer and winter. The summer dues billing cycle begins April 1 and ends September 30. The winter

cycle begins October 1 and ends March 31. All new members will be assigned to one of the two dues billing cycles depending on the time of year that the application is submitted. If you know another dental hygienist who would benefit from membership, simply complete the section below. An application and member benefits information will be mailed immediately.

Name

Street Address

City/State/Zip Code

Telephone Number

Email Address