



Join ADHA today and access deep resources that will empower, support and develop your career!

Member Information

Name _____ Email Address _____
 Address _____ Daytime Phone (include area code) _____
 City _____ State, Zip _____ Evening Phone (include area code) _____
 Social Security Number _____ - _____ - _____
(optional)
 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 Advocate Researcher Administrator/Manager Other
 State(s) in Which You Hold Current License(s): _____ License Number(s): _____ Year(s) Issued: _____

Annual Dues:

ADHA	\$ 170.00
Constituent*	\$ _____
Local component*	\$ _____
Assessment**	\$ _____
Total	\$ _____

Take advantage of all of ADHA's member benefits TODAY!
visit: <http://benefits.adha.org>

*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) VISA MasterCard
 Card Number _____ Expiration Date ____ / ____
 Signature _____

DUES ARE NONREFUNDABLE

Send Application to

MAIL 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611
PHONE (312) 440-8900
FAX (312) 467-1806