

**We're ready to help unleash your potential.**

Complete the **entire** application below or join online at [www.adha.org](http://www.adha.org)  
**Any incomplete or illegible applications will delay processing.**

Please check one:  New  Renewing ADHA ID# (if available) \_\_\_\_\_

Name \_\_\_\_\_  
(as you would like it to appear on all ADHA correspondence)

Maiden Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_  
(personal email addresses are preferred over school email addresses)

Preferred Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Yes! I would like to receive updates, contests alerts and more via text from ADHA. You can opt-out at any time. If you select 'yes,' please make sure your cell phone number is listed above.

Name of school: \_\_\_\_\_

State \_\_\_\_\_ Expected graduation date \_\_\_\_\_  
(month/year)

Degree you are seeking: Certificate AA AAA AS AAS BA  
BS BSDH MS MEd MSDH Other: \_\_\_\_\_

**Demographic Information**

Gender:  Female  Male Birth Date \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

\* Applications processed January 1-June 30 receive a paid thru date of December 31 of the current year.  
Applications processed July 1 - December 31 receive a paid thru date of December 31 of the following year.

Cut here & share with a friend.

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**Student  
Membership  
Application/Renewal**

Please allow 4-6 weeks for processing.

**Student  
Annual Dues** \_\_\_\_\_ \$ 45.00

**Payment** (Dues are nonrefundable)

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

Please charge my annual dues to my credit card.  VISA  MasterCard

Card Number \_\_\_\_\_

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

Name as it appears on credit card \_\_\_\_\_

Send Application to: 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611 or FAX: (312) 467-1806



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