



American Dental Hygienists' Association Application Procedures for Senior Membership Category

In order to be eligible for senior membership, you must be a Professional member who has reached the full retirement age as set by the Social Security Administration and has either been a Professional member of the Association for an aggregate total of thirty (30) years, or twenty-five (25) consecutive years may apply for senior status.

Full retirement age goes from 65 to 66 to 67 depending on the year you were born. Beginning with people born in 1938 or later the retirement age is 66. For those people born after 1959 the retirement age is 67. To determine your retirement age or estimate your benefits, please go to Social Security Online at www.ssa.gov.

To apply for Senior membership, please submit the following information:

- 1) Proof of age (i.e., copy of driver's license, passport or birth certificate)
- 2) Proof of length of membership using the enclosed verification form. Records prior to 1985 are not available at ADHA's office.

Once **all** qualifying information has been received, ADHA will notify you of your membership status. As an ADHA Senior member, your ADHA membership dues will be reduced to 75%* of your Professional member dues. You will continue to receive all the benefits of ADHA membership. Your Senior membership (should you qualify) will become effective upon receipt of all qualifying information and payment.

Materials should be submitted to:

American Dental Hygienists' Association
Division of Member Services
444 North Michigan Avenue
Suite 3400
Chicago, IL 60611

312-440-8900
Fax 312-467-1806
www.adha.org

member.services@adha.net

**Constituent and component dues may differ.*



Application for Senior Membership

ADHA Membership Number _____

Please circle your credential
RDH LDH Other: _____

Full Name _____

Email _____

Street Address _____

Home/Work Phone _____

City, State, Zip _____

Annual Dues

National Dues \$147.00

Constituent Dues (state)* \$ _____

Component Dues (local)* \$ _____

Assessment* (if applicable) \$ _____

Total \$ _____

*Call 312-440-8900 for correct dues amount.

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 American Express Discover CSV code: _____

Card Number _____

Expiration Date _____

Name as it appears on the card (Please Print) _____

Signature _____

Date _____



Senior Member Qualification Form

The information below is to be completed by the applicant. This qualification form must be completed and submitted with a Senior membership application, proof of age and your dues payment. Applications will not be processed without all qualifying information.

Applicant Information (*please print or type*) ADHA Membership ID: _____

Name: _____

Address: _____

City, State, Zip: _____

Preferred Telephone Number: _____

I have reached the full retirement age as set by the Social Security Administration and have been an Professional ADHA member for (check one):

30 Years (aggregate)

25 years (consecutive)

I verify that the above information is honest and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____