



American
Dental
Hygienists'
Associator

Application for Allied Membership

Allied Members. Allied membership may be granted to any individual who supports the purposes and mission of the Association and who is not otherwise qualified for any other class of membership.

Allied Members are not a voting eligible membership category.

Name (Last, First, Middle Initial)

Credentials

Street Address

Email Address

City/State/Zip Code

Home Phone

Annual Dues	
National Dues	\$ 101.00
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

Card Number

Expiration Date

Name as it appears on the card (Please Print)

CSV code

Signature

Date