American Dental Hygienists’ Association
Application Procedures for Supporting Membership Category

Dental hygienists who hold a current license but are unemployed or are not employed in a dental hygiene related career are eligible for Supporting Membership. Dental hygienists who are employed in a position that can be considered one of the six roles of dental hygiene are not eligible, but they may apply for Professional membership.

Supporting member applicants must submit:

☐ A completed membership application and dues payment.

☐ Proof of current licensure (photocopy of license).

And for dental hygienists working in an unrelated field:

☐ A letter from current employer that states the applicant’s current position in the organization.

Reverification for eligibility will be required on an annual basis prior to membership renewal. Supporting members will be required to submit a copy of their current dental hygiene license.

Please be sure to complete each of these steps before returning materials to ADHA. Applications will not be processed until all materials have been received.

Please return materials to:
ADHA
444 North Michigan Avenue
Suite 400
Chicago, IL 60611

312/400-8900
FAX 312/467-1806
www.adha.org
member.services@adha.net
Application for Supporting Membership

Please circle your credential:
RDH    LDH    Other:__________________

Name (Last, First, Middle Initial)__________________Email Address__________________
Maiden Name (if applicable)__________________Daytime Phone (include area code)__________________
Street Address__________________Evening Phone (include area code)__________________
City/State/Zip Code__________________

Dental Hygiene School Attended__________________State__________________Year of Graduation__________________

Current License Number__________________State__________________

Please circle the highest educational level attained:
Certificate  Associate  Baccalaureate
Master’s  Doctorate

Annual Dues
National  $104.00
Constituent Dues* $_______ (state)
Component Dues* $_______ (local)
Assessment* $_______ (if applicable)
Total  $_______

*Call 312/440-8900 for correct dues amount.
$3.00 and $2.50 of the annual ADHA membership dues are allocated for subscriptions to the Journal of Dental Hygiene and Access, respectively. 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   ___ AmericanExpress   ___ Discover

____________________________________  __________________________
Card Number                Exp Date

Name as it appears on the card (Please Print) __________________________  CSV code __________

____________________________________              __________________________
Signature              Date

DUES ARE NONREFUNDABLE
American Dental Hygienists’ Association
Supporting Member Qualification Form

The information below is to be completed by the applicant. This qualification form must be completed and submitted with a Supporting membership application, a copy of your dental hygiene license 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: _____________________________________________________________________

Telephone Number: (day) ____________________________ (evening) __________________________

Employment Status: ☐ Unemployed ☐ Employed in non-dental hygiene related career

If employed, please state your title and type of work:

Title: ____________________________________________________________________________

Type of work: _______________________________________________________________________

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

Applicant Signature: __________________________________________________________________

Date: ____________________________________________________________________________

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