



## ADHA Annual Corporate Membership Application 2016

Name of Company: \_\_\_\_\_

Name of Contact/ Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone/Fax: ( ) / ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$500.00 Corporate Membership**

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Please return application via mail, fax or email by to:

**American Dental Hygienists' Association**  
**c/o Corporate Development**  
**444 N. Michigan Ave, Suite 3400**  
**Chicago, IL 60611**  
**Fax: (312) 467-1806**  
**Email: [maddieh@adha.net](mailto:maddieh@adha.net)**

**Payment Type:**     Invoice     Check Enclosed

Visa     MasterCard     Amex     Discover

**NOTE:** a 3% processing fee will be charged for all credit card payments

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ V-code: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please make check payable to the American Dental Hygienists' Association.

**Note:** Contributions to the American Dental Hygienists' Association are not deductible for federal income tax purposes.

Once your membership is processed, you will be contacted and asked to send your company logo and web link to be placed on the ADHA & IOH websites.

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