



## Application for International Membership

**International Members.** International membership may be granted to any individual who (i) resides outside of the United States; and (ii) holds a valid license to practice as a dental hygienist. \*International members are a nonvoting category of membership.

\_\_\_\_\_  
ADHA Membership Number (If applicable) Please circle your credential  
RDH LDH Other: \_\_\_\_\_

\_\_\_\_\_  
Full Name \_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address \_\_\_\_\_  
Home/Work Phone

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

**Annual Dues:                      \$ 202.00**

*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

**Materials should be submitted to:**  
American Dental Hygienists' Association  
444 N. Michigan Ave., Ste. 400  
Chicago, IL 60611  
Phone: (312) 440-8900  
Fax: 312-467-1806