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
finance@adha.net
Application for Supporting Membership

444 North Michigan Avenue • Suite 400 • Chicago, IL 60611
312 440-8900 • FAX 312-467-1806 • www.adha.org • member.services@adha.net

Please circle your credential:

ADHA Membership ID

Name (Last, First, Middle Initial)

Maiden Name (if applicable)

Street Address

City/State/Zip Code

Dental Hygiene School Attended

Dental Hygiene School Attended State Year of Graduation

Current License Number State

Annual Dues

National $106.50

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     ____American Express     ___Discover

Card Number Exp Date

Name as it appears on the card (Please Print)

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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