



# Student Membership Group Payment Form

Unite. Empower. Support.

Please submit this completed form along with payment to [student.relations@adha.net](mailto:student.relations@adha.net) or mail to 444 N. Michigan Ave. Suite 400, Chicago, IL 60611. If more space is needed to list all students, please attach an additional page.

## School Information

YES / NO

Student Advisor Name                      Student Advisor Membership ID                      New Student Advisor?

DH Program Name                      Contact Phone Number                      Contact Email

## Student Information

	Student Name	ADHA ID #	Grad Date
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## Payment Information

Total Amount Due: \_\_\_\_\_ ( \_\_\_ Students x \$65.00)

Paying by Check

Check # \_\_\_\_\_

Paying by Credit Card

Type of Credit Card:  Visa  Mastercard  American Express  Discover

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Name on card

\_\_\_\_\_

Expiration Date

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**Questions?** Please contact ADHA at [student.relations@adha.net](mailto:student.relations@adha.net) or visit [www.adha.org](http://www.adha.org).