



American
Dental
Hygienists'
Association

Student Membership Group Payment Form

Please submit this completed form along with payment to 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.

Program Information

YES / NO

Student Advisor Name Student Advisor Member ID New Student Advisor?

DH Program Name Contact Phone Number Contact Email

Student Information

	Student Name	ADHA ID #	Grad Date
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Membership Type

1 year - \$65 per student (membership valid through 12/31/2023)

2 year - \$120 per student (membership valid through 12/31/2024)

Payment Information

Total Amount Due: _____ (___ Students x \$ _____)

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? Email us at student.relations@adha.net or visit www.adha.org/student-membership.