



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: \$ 213.00

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) _____

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
finance@adha.net