



Student Membership Group Payment Form

Student advisors who wish to submit a group payment form must first have their students create a profile on ADHA’s website by following these steps:

1. Go to mymembership.adha.org and create a new account.
2. Select “Student Membership” and complete all requested information ensuring you enter correct dental hygiene program and graduation date (this will link them to your program).
3. STOP when you get to the payment page. Students at this point can either log out or click on the “Hi, [name]” button in the top right-hand corner of the screen which will take them to their profile.

Once students have created an account online, 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.

Student Advisors and Program Directors can pull student rosters from their ADHA profiles. Simply go your profile page and click on “DH Program Roster” in the lower ribbon menu.

Program Information

YES / NO

Student Advisor Name	Student Advisor Member ID	New Student Advisor?
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DH Program Name	Contact Phone Number	Contact Email
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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

Questions? Email us at student.relations@adha.net or call (312) 440-8900.