

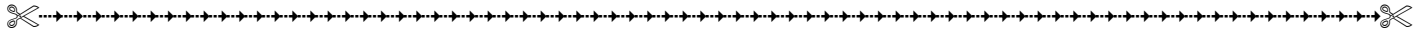
# SCDHA DUES PRE-PAYMENT PROGRAM FOR 2020

This year the Stark Collaborative Dental Hygienists' Association is pleased to offer an alternative method of dues payment at no additional cost to you. The option is to pay through our pre-paid installment program for the next four months, at which time, dues will be processed. This method can work for current members who wish to renew and also provides an outstanding way for a new member to join or reinstate their expired membership. Please note the following rules of the installment plan:

- 1) Please complete the agreement attached to the first payment plan coupon. For new members, a membership application will be completed for you based on this information. Please complete all lines.
- 2) All payments are due on the stated date and ARE NON-REFUNDABLE!

- 3) Current members using the pre-payment plan to renew their membership, must send their ADHA dues statement with their final installment.
- 4) Please keep up-to-date to avoid any bookkeeping difficulties.
- 5) Non-members enrolled in the plan will immediately be placed on SCDHA's mailing list for each flyer and/or newsletter that is sent via email or regular mail to members.
- 6) Do not discard this installment coupon page.
- 7) Questions, please contact:

**Sandy Brado 330.472.7759 or [scdhatreasurer@gmail.com](mailto:scdhatreasurer@gmail.com)**



## Fourth Payment Coupon

Due: **December 20th, 2019**

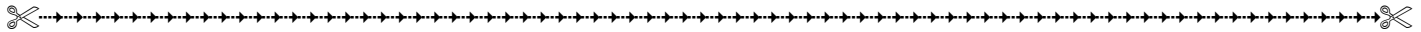
Amount due: \$ 78.25

For Renewing MEMBERS:- Do we have your ADHA DUES BILL?

Name: \_\_\_\_\_

Please cut out and mail this coupon with your check payable to SCDHA to:

**Sandy Brado, RDH 8201 Akron Ave. NW Canal Fulton, OH 44614**



## Third Payment Coupon

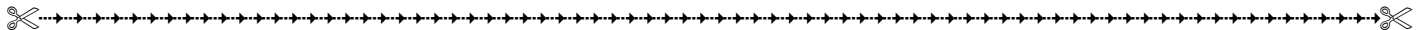
Due: **November 23rd, 2019**

Amount due: \$ 78.25

Name: \_\_\_\_\_

Please cut out and mail this coupon with your check payable to SCDHA to:

**Sandy Brado, RDH 8201 Akron Ave. NW Canal Fulton, OH 44614**



## Second Payment Coupon

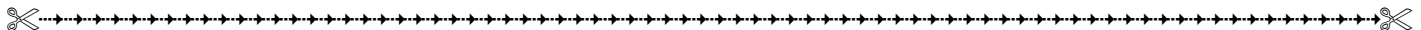
Due: **October 23rd, 2019**

Amount due: \$ 78.25

Name: \_\_\_\_\_

Please cut out and mail this coupon with your check payable to SCDHA to:

**Sandy Brado, RDH 8201 Akron Ave. NW Canal Fulton, OH 44614**



## First Payment Coupon / Pre-Payment Program Agreement

Due: **September 23rd, 2019**

Amount due: \$ 78.25

### Make check payable to SCDHA

Cut out and mail the first installment coupon/ agreement to:

**Sandy Brado, RDH  
8201 Akron Ave. NW  
Canal Fulton, OH 44614**

Yes, I wish to participate in the SCDHA Dues program that will prepay my ADHA, ODHA and SCDHA dues for the year:  
**January 1, 2020 through December 31, 2020.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

OH Dental Hygiene License #: \_\_\_\_\_

Dental Hygiene School and Year of Graduation: \_\_\_\_\_

Are you currently a member? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

*All Dues paying members will now be on the Winter Cycle.*