



Join. Participate. Benefit. Succeed.

Membership Form

Member Information

| | | | | | | |
|---|-------|-------|-----------------------------------|-------|-------------------|-------|
| Name | | | Email | | | |
| Address | | | Daytime Phone (include area code) | | | |
| City | State | Zip | Evening Phone (include area code) | | | |
| Dental hygiene school attended | | State | Year of Graduation | | | |
| Highest educational level attained: <input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate | | | | | | |
| Circle Your Credential: | | RDH | LDH | Other | Current License # | State |

To qualify for Active membership, you must have been granted a license to practice. Applications received without a license number will not be processed.

Membership Demographic Information

In an effort to learn more about ADHA members, we would appreciate your assistance with the following information:

| | | |
|---|-------------------|----------------------|
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Date | Ethnicity (optional) |
| Hours worked per week in Dental Hygiene: | | |
| Primary Position (check one): <input type="checkbox"/> Clinician <input type="checkbox"/> Educator <input type="checkbox"/> Public Health <input type="checkbox"/> Researcher <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Other | | |
| States in which you hold current license(s) | License Number(s) | Year(s) Issued |

Annual Dues

| | |
|-----------------------------|-------------------------|
| ADHA | <u>\$ 170.00</u> |
| Constituent* OH | <u>\$ 70.00</u> |
| Local Component* 13 (Stark) | <u>\$ 20.00</u> |
| Assessment** | <u>\$ _____</u> |
| TOTAL | <u>\$ 260.00</u> |

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)
 - Please enroll me in the Quarterly Payment Plan using my credit card. (see TOTAL plus additional \$12.00 processing fee)
- *Renewing members must opt-into the quarterly payment plan online using your existing membership account.

Visit <http://payments.adha.org> for more information on available payment options.

*ADHA bylaws require all active members belong to national (ADHA) constituent (state) and component (local area) organizations

Contact ADHA Member Services for correct constituent and component dues amounts (312.440.8900)

**Only CO, CT, HI, ID, IL, KS, OR WA

Dues are not deductible as a charitable contribution for federal income tax purposes. They may be deducted as a business expense.

Send Application to:

Mail: 444 N. Michigan Ave., Suite 3400 Chicago, IL 60611
Phone: 312 440.8900

Apply online at www.adha.org

DUES ARE NONREFUNDABLE

| | |
|-----------------|---|
| Card Number | <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |
| Expiration Date | |
| Signature | |

- I understand that by providing us your credit card information, you hereby agree that ADHA may automatically renew your membership each year by charging the applicable membership dues fee directly to your credit card. Your membership fee will be charged on an annual or quarterly basis according to the manner you have indicated. Please ensure we have updated credit card information so the renewal may be processed. If you do not wish to have your dues automatically renewed each year you may opt-out next year.