



Join. Participate. Benefit. Succeed.

Call or log on today

(312) 440-8900 | <http://membership.adha.org>

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		
State(s) in Which You Hold Current License(s): License Number(s):		Year(s) Issued:

Annual Dues

Join Date*	_____
ADHA	\$ <u>208.00</u>
Constituent**	\$ <u>75.00</u>
Local component**	\$ _____
Assessment***	\$ <u>50.00</u>
Total	\$ _____

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.

* If you are joining the 15th of the month or later, you will pay based on the next month's proration schedule.

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

***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.

Card Number	<input type="checkbox"/> American Express <input type="checkbox"/> Discover
/	<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.

Send Application to

Mail 444 North Michigan Avenue, Suite 400, Chicago, IL 60611

Phone (312) 440-8900

Apply online at www.adha.org

DUES ARE NONREFUNDABLE

The Assessment part of WDHA dues are NOT deductible from your taxes.
Dues may be deducted as a business expense if you itemize.

Washington Component Dues to add into total:

1 Greater Seattle	\$30.00
2 Eastern Wash.	\$20.00
3 Mt. Rainier	\$20.00
4 Yakima Valley	\$10.00
5 SW Washington	\$10.00
6 Mount Baker	\$15.00
7 Snohomish Co.	\$10.00
8 Columbia Basin	\$10.00
9 Kitsap Peninsula	\$10.00
10 Olympic Peninsula	\$10.00
11 Capitol	\$30.00
12 So. King County	\$10.00
13 N Central Wash.	\$10.00
14 Lake Washington	\$15.00