

# Washington State Dental Hygienists' Association

PO Box 389, Lynnwood, WA 98046

(425) 771-3201—(425) 776-5289 fax

Or Real Time on-line application at [www.adha.org](http://www.adha.org)



Membership Application

## Member Information:

ADHA # \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ WA Zip \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Dental Hygiene School \_\_\_\_\_

Year Graduated \_\_\_\_\_ State \_\_\_\_\_

Degree attained:  Certificate  Associate  BA/BS  MA  Doctorate

Credential:  RDH  LDH  Other \_\_\_\_\_

Current License # \_\_\_\_\_ State \_\_\_\_\_

## Annual Dues:

ADHA dues: \$190.00

WSDHA dues: \$ 75.00

Component dues: \$ \_\_\_\_\_ (see reverse)

Leg. Assessment: \$ 50.00 (not tax deductible)

TOTAL: \$ \_\_\_\_\_

## Method of Payment:

- I am enclosing a check payable to ADHA for my annual dues (see Total)
  - Go on-line to [www.adha.org](http://www.adha.org) and do it on-line!
  - Please charge my annual dues to my credit card
    - Visa  MasterCard

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

## Dental Hygiene Oath

As a member of ADHA/ WSDHA, I do promise to adhere to the highest ethical and clinical standards as promoted by my professional association in my practice as a dental hygienist. I affirm my personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene, and to promote high standards of quality care. I pledge continually to improve my professional knowledge and skills, to render a full measure of service to each patient entrusted to my care, and to uphold the highest standards of professional competence and personal conduct in the interests of the dental hygiene profession and the public it serves.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Send Application:

Mail: WSDHA, PO Box 389, Lynnwood, WA 98046 or Fax to: (425) 776-5289

**Membership Options:** *(special applications available from ADHA):*

**Professional Member:** \$185 + state - (WA: \$75.00, Assessment \$50 plus component dues)

**Life Members:** granted by application to ADHA Board of Trustees (Dues waiver)

**Retired/Senior:** Age 65, 66 or 67 depending on birth date. (Born after 1959 the age is 67. To determine your retirement age, go to [www.ssa.gov](http://www.ssa.gov)) and been an Active member for a total of 30 years or for 25 consecutive years (\$135)

**Member with Disabilities:** An active member who is not able to work in any of the six (6) roles of the dental hygienist. (clinician, educator, researcher, administrator/manager, advocate, public health). Application to ADHA and physician's verification of qualification \$135 ADHA Dues.

**Supporting Member:** Hygienist with a current license by unemployed or not employed in dental hygiene related career. Letter from current employer. \$90.00 ADHA

**International:** Dental hygienist residing outside of the US. (Dues same as active)

**ADHA Student Member-** Student in accredited program or degree completion / graduate program. (Dues \$65 annually)

**WSDHA Student Member: Dues \$25** paid separately each year of school term. To pay on-line: [www.wsdha.com](http://www.wsdha.com) under Join Us/Students

**The Assessment part of WSDHA dues are NOT deductible from your taxes. Dues can be deducted as a professional expense if you itemize.**

**Washington Component Dues to add into total:**

1 Greater Seattle	\$30.00
2 Eastern Wash.	\$10.00
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	\$15.00
12 So. King County	\$10.00
13 N Central Wash.	\$10.00
14 Lake Washington	\$15.00