



## **American Dental Hygienists' Association Application Procedures for Senior Membership Category**

In order to be eligible for Senior membership, you must be an Active member who has reached the full retirement age as set by the Social Security Administration and has either been an Active member of the Association for an aggregate total of thirty (30) years, or twenty-five (25) consecutive years may apply for Senior status.

The age for Senior status was previously defined as 62.

Retirement age doesn't automatically mean 65 though. First, people may start claiming social security at age 62 – but "full" retirement, as specified in the bylaws, begins at age 65. Secondly, full retirement age goes from 65 to 66 to 67 depending on the year you were born. Beginning with people born in 1938 or later the retirement age is 66. For those people born after 1959 the retirement age is 67. To determine your retirement age or estimate your benefits, please go to Social Security Online at [www.ssa.gov](http://www.ssa.gov).

To apply for Senior membership, please submit the following information:

- 1) Proof of age (i.e., copy of driver's license, passport or birth certificate)
- 2) Proof of length of membership using the enclosed verification form. Records prior to 1985 are not available at ADHA's office.

Once **all** qualifying information has been received, ADHA will notify you of your membership status. As an ADHA Senior member, your ADHA membership dues will be reduced to 25%\* of your Active member dues. You will continue to receive all the benefits of ADHA membership. Your Senior membership (should you qualify) will become effective upon receipt of all qualifying information and payment.

### **Materials should be submitted to:**

American Dental Hygienists' Association  
Division of Member Services  
444 North Michigan Avenue  
Suite 3400  
Chicago, IL 60611

312-440-8900  
Fax 312-467-1806  
[www.adha.org](http://www.adha.org)

[member.services@adha.net](mailto:member.services@adha.net)

*\*Constituent and component dues may differ.*



## Application for Senior Membership

\_\_\_\_\_  
ADHA Membership Number

Please circle your credential  
RDH LDH Other: \_\_\_\_\_

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home/Work Phone

\_\_\_\_\_  
City, State, Zip

### Annual Dues

National Dues \$131.25

Constituent Dues (state)\* \$\_\_\_\_\_

Component Dues (local)\* \$\_\_\_\_\_

Assessment\* (if applicable) \$\_\_\_\_\_

Total \$\_\_\_\_\_

\*Call 312-440-8900 for correct dues amount.

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

### 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)

VISA     MasterCard     American Express    CSV code: \_\_\_\_\_

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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on the card (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Senior Member Qualification Form

The information below is to be completed by the applicant. This qualification form must be completed and submitted with a senior membership application, proof of age and your dues payment. Applications will not be processed without all qualifying information.

Applicant Information (*please print or type*)

ADHA Membership ID: \_\_\_\_\_

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

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

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

Preferred Telephone Number: \_\_\_\_\_

I have reached the full retirement age as set by the Social Security Administration and have been an Active ADHA member for (check one):

30 Years (aggregate)

25 years (consecutive)

*I verify that the above information is honest and accurate to the best of my knowledge.*

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

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