



**American
Dental
Hygienists'
Association**

Division of Member Services

444 North Michigan Avenue, Suite 3400, Chicago, IL 60611
(800) 243-2342 • (312) 440-8900 • (312) 467-1806 Fax • www.adha.org

Member Information

Name _____ Email Address _____

Address _____ Daytime Phone (include area code) _____

City _____ State, Zip _____ Evening Phone (include area code) _____

Social Security Number _____ - _____ - _____
(optional)

Dental hygiene school attended: _____ State: _____ Year of Graduation: _____

Highest educational level attained: Certificate Associate Baccalaureate Master's 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: Female Male Birth Date: _____ Ethnicity (optional): _____

Hours worked per week in Dental Hygiene: _____

Primary Position (check one): Clinician Educator Advocate Researcher Administrator/Manager Other

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

Annual Dues:

ADHA	\$ 170.00
Constituent	\$ _____
Local component	\$ _____
Assessment (if applicable)	\$ _____
Total	\$ _____

Call 800/243-2342, press #1 for correct dues amount.

\$6.00 and \$5.00 of the annual ADHA membership dues are allocated for subscriptions to the *Journal of Dental Hygiene* and *Access*, respectively.

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

Card Number _____ Expiration Date ____ / ____

Signature _____

DUES ARE NONREFUNDABLE

Send Application to

MAIL 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611

FAX (312) 467-1806

APPLY ONLINE at www.adha.org <<http://www.adha.org>>