



Advancing Dental Hygiene—One Professional at a Time

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

Membership Application

Member Information:

Name _____ Daytime 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: \$170.00

WSDHA dues: \$ 70.00

(not increased since 1998)

Component # _____ \$ _____ (see reverse)

Leg. Assessment: \$ 50.00 (not 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 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 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

ADHA Membership Options

Active Member: \$170 + state (constituent) and component dues (after 4/1)

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

Retired/Senior: Age 62 and been an Active member for 25 years; 20 consecutive years (25% of dues)

Member with Disabilities: member who has a disability and prohibited from employment due to disability. Application to ADHA and proof of qualification (25% of dues)

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

Student: Student in accredited program or degree completion /graduate program. (Dues \$45) WSDHA Student membership fee is separate and \$15, see website.

Supporting: licensed hygienist not employed in a dental hygiene related career (50% of active dues)

Allied: Individual who supports purposes and mission of ADHA and not eligible for any other class of membership. (Dues \$170 ADHA (after 4/1); plus 50% of constituent and component dues)

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 Capital (Olympia)	\$15.00
12 So. King County	\$10.00
13 N Central Wash.	\$10.00
14 Lake Washington	\$15.00