



## 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)



### 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: \$175.00

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 (applications available from ADHA):**

**Active Member:** \$175 + state - (WA: \$75.00, Assessment \$50 plus component dues)

**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 (\$131.25)

**Member with Disabilities:** member who has a disability and prohibited from employment due to disability. Application to ADHA and proof of qualification \$131.25

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

**Student: ADHA** Student in accredited program or degree completion /graduate program. (Dues \$45 annually)

**Student: WSDHA Dues \$15** paid annually and separately ([www.wsdha.com](http://www.wsdha.com) under Students)

**Supporting:** licensed hygienist not employed in a dental hygiene related career (50% of active dues) \$87.50

**Allied:** Individual who supports purposes and mission of ADHA and not eligible for any other class of membership. (\$87.50)

### **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	\$10.00
12 So. King County	\$10.00
13 N Central Wash.	\$10.00
14 Lake Washington	\$15.00