



Application for Allied Membership

American Dental Hygienists' Association • 444 North Michigan Avenue • Suite 3400 • Chicago, IL 60611
800-243-2342 • 312 440-8900 • FAX 312-467-1806 • www.adha.org • member.services@adha.net

_____-_____-_____
Social Security Number

Please list your credential(s) (if applicable):

Name (Last, First, Middle Initial)

Email Address

Maiden Name (if applicable)

Daytime Phone (include area code)

Street Address

Evening Phone (include area code)

City/State/Zip Code

Annual Dues

National Dues \$ 77.50

Constituent Dues* \$ _____
(state)

Component Dues* \$ _____
(local)

Assessment* \$ _____
(if applicable)

Total \$ _____

***Call 800/243-2342 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

Name as it appears on the card (Please Print)

Signature Date

DUES ARE NONREFUNDABLE