

## **American Dental Hygienists' Association**

### **Application Procedures for Retired / Senior Membership Category**

In order to be eligible for Retired / Senior membership, you must be an Active member who has reached the age of sixty-two (62) years and has been an Active member for at least (1) 25 cumulative years, (2) 20 consecutive years, **or** (3) continuously from the date of eligibility. Eligibility for Retired / Senior membership will be considered upon application to the Executive Director.

To apply for Retired / 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, which must be notarized by an official notary in your area. 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 Retired / 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 Retired / 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

800-243-2342  
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.



## American Dental Hygienists' Association Retired / Senior Member Qualification Form

The information below is to be completed by the applicant and **must be notarized by an official notary** in your area. This qualification form must be completed and submitted with a Retired / 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: \_\_\_\_\_

Telephone Number:(day) \_\_\_\_\_ (evening) \_\_\_\_\_

I have been an Active ADHA member for (check one):

25 years (cumulatively)       25 years (consecutively)

Continuously since I was eligible for Active membership

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

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

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

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

Notary Signature: \_\_\_\_\_

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

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Notary Stamp