

## American Dental Hygienists' Association Application Procedures for Supporting Membership Category

Dental hygienists who hold a **current license** but are unemployed or are not employed in a dental hygiene related career are eligible for Supporting Membership. Dental hygienists who are employed in a position that can be considered one of the six roles of dental hygiene are not eligible, but they may apply for Active membership.

Supporting member applicants must submit:

- A completed officially notarized qualification form.
- A completed membership application and dues payment.
- Proof of current licensure (photocopy of license).

**And** for dental hygienists working in an unrelated field:

- A letter from current employer that states the applicant's current position in the organization.

Reverification for eligibility will be required on an annual basis prior to membership renewal. Supporting members will be required to submit a copy of their current dental hygiene license and **to have a notarized qualification form**.

Please be sure to complete each of these steps before returning materials to ADHA. Applications will not be processed until all materials have been received.

Please return materials to:  
ADHA  
Division of Member Services  
444 North Michigan Avenue  
Suite 3400  
Chicago, IL 60611  
  
800/243-2342  
FAX 312/467-1806  
www.adha.org  
member.services@adha.net



# Application for Supporting 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

ADHA Membership ID

Please circle your credential:  
RDH LDH Other: \_\_\_\_\_

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

Dental Hygiene School Attended

State Year of Graduation

Current License Number State

Please circle the highest educational level attained:  
Certificate Associate Baccalaureate  
Master's Doctorate

**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

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Card Number Expiration Date

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Name as it appears on the card (Please Print)

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Signature Date

**DUES ARE NONREFUNDABLE**

# American Dental Hygienists' Association Supporting 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 Supporting membership application, a copy of your dental hygiene license 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) \_\_\_\_\_

Employment Status:      Unemployed      Employed in non-dental hygiene related career

If employed, please state your title and type of work:

Title: \_\_\_\_\_

Type of work: \_\_\_\_\_

*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