



**American  
Dental  
Hygienists'  
Association**



**Member Information**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Daytime Phone (include area code) \_\_\_\_\_  
 City \_\_\_\_\_ State, Zip \_\_\_\_\_ Evening Phone (include area code) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(optional)*  
 Dental hygiene school attended: \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Highest educational level attained:  Certificate  Associate  Baccalaureate  Master's  Doctorate  
 Circle Your Credential: RDH LDH Other: \_\_\_\_\_ Current License #: \_\_\_\_\_ State: \_\_\_\_\_

To qualify for Active membership, you must have been granted a license to practice. Applications received without a license number will not be processed.

**Membership Demographic Information**

In an effort to learn more about ADHA members, we would appreciate your assistance with the following information:  
 Gender:  Female  Male Birth Date: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_  
 Hours worked per week in Dental Hygiene: \_\_\_\_\_  
 Primary Position (check one):  Clinician  Educator  Advocate  Researcher  Administrator/Manager  Other  
 State(s) in Which You Hold Current License(s): \_\_\_\_\_ License Number(s): \_\_\_\_\_ Year(s) Issued: \_\_\_\_\_

**Annual Dues:**

ADHA	\$ 170.00
Texas	\$ 75.00
Local component	\$ _____
<b>Total</b>	<b>\$ _____</b>

01 Austin DHS	\$16.00	11 South Plains DHS	\$10.00
02 Brazos DHS	\$16.00	12 North Texas DHS	\$15.00
03 Corpus Cristi DHS	\$12.00	13 Concho DHA	\$16.00
04 Dallas DHS	\$20.00	14 Panhandle DHS	\$10.00
05 East Texas DHS	\$15.00	15 El Paso DHS	\$16.00
06 Fort Worth DHS	\$16.00	16 Central DHS	\$16.00
07 Greater Houston DHS	\$16.00	17 Bay Area DHS	\$16.00
08 Northeast DHS	\$0.00	18 Rio Grande DHS	\$16.00
09 Sabine DHS	\$12.00	19 Permian Basin	\$20.00
10 San Antonio DHS	\$16.00	20 Greater Collin County	\$16.00

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 \_\_\_\_ / \_\_\_\_  
 Signature \_\_\_\_\_ DUES ARE NONREFUNDABLE

**Send Application to**

**MAIL** Division of Member Services  
 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611  
**PHONE** (800) 243-2342  
**FAX** (312) 467-1806  
**APPLY ONLINE** at [www.adha.org](http://www.adha.org) <<http://www.adha.org>>