



Unleashing Your Potential

Join. Participate. Benefit. Succeed.

(312) 440-8900 | www.adha.org

Student Membership Application

Become a student member of ADHA by registering online at www.adha.org or by completing the application below. Incomplete or illegible applications will delay processing. Please allow 4-6 weeks for membership to be processed.

Member Information

New  Renewing ADHA ID# \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Email \_\_\_\_\_

School Information

Dental Hygiene School \_\_\_\_\_

State \_\_\_\_\_ Expected Grad Date \_\_\_\_\_

Degree (please check one): Certificate Associate Bachelor's Master's

Demographic Information

Gender:  Female  Male Birth Date \_\_\_\_\_ Ethnicity(optional) \_\_\_\_\_

Annual Student Dues **\$65.00**

Dues are nonrefundable

- Enclosed check payable to ADHA.
 Charge my credit card.
 Visa  Mastercard

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Mail 444 North Michigan Ave, Suite 3400, Chicago, IL 60611 | Fax (312) 440-6726 | Phone (312) 440-8900