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(818) 500-8217 • (818) 247-2348 Fax • www.cdha.org

Mail Application to: →

Application for Membership

Name (Last, First, Middle Initial) _____

Maiden Name (if applicable) _____

Street Address _____

City/State/Zip Code _____

Dental Hygiene School Attended _____ State _____

Year of Graduation _____

Please circle your credential:
RDH LDH RDHAP Other: _____

Email address _____

Daytime Phone (include area code) _____

Evening Phone (include area code) _____

Component Name/Number (see below) _____

To qualify for Active membership, you must have been granted a license to practice dental hygiene.

Please circle the highest educational level attained:
Current License Number State Certificate Associate Baccalaureate Master's Doctorate

Professionals promoting total health through quality oral health care.

The Privileges of Membership

Security
Through ADHA & CDHA membership, you will help to secure a future for your dental hygiene profession. ADHA is working to protect the value of your educational credentials and to preserve the integrity of your license. Only through uniting in one voice can ADHA & CDHA continue to represent dental hygienists successfully.

Legislative Updates
ADHA monitors all state and federal legislative and regulatory trends as they relate to dental hygiene. CDHA also actively participates in regulatory meetings and legislative initiatives.

Access to Information
Members receive a subscription to the *Journal of Dental Hygiene*, ADHA's official publication that brings you scientific and technical articles on clinical practice, research and education. In addition, members receive the association's magazine, *Access*, as well as the CDHA Journal.

Professional Contacts
As part of your dues, you automatically become a member of your state constituent and local component organizations. These groups sponsor meetings and activities for your personal and professional benefit. By attending local, state and national membership functions, you have the opportunity to form new friendships and develop professional contacts.

Leadership Opportunities
Becoming active in ADHA & CDHA gives you the opportunity to acquire and develop new skills and interests.

Recognition
You can make contributions to your community's oral health standards through professional activities with your local association. Professional membership builds an identity for you and the dental hygiene field.

Annual Dues	
National Dues	\$170.00
Constituent Dues California	\$125.00
Component Dues	\$
Assessment (if applicable)	\$
Total	\$

\$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**)
- Please enroll me in the Quarterly Payment Plan using my credit card. (See **Total** plus additional \$12.00 processing fee)
- * Renewing members must opt-into the quarterly payment plan online using your existing membership account. Visit <http://payments.adha.org> for more information on available payment options

Card Number _____ VISA MasterCard

Expiration Date _____

Signature _____ Date _____

- I understand that by providing us your credit card information, you hereby agree that ADHA may automatically renew your membership each year by charging the applicable membership dues fee directly to your credit card. Your membership fee will be charged on an annual or quarterly basis according to the manner you have indicated. Please ensure we have updated credit card information so the renewal may be processed. If you do not wish to have your dues automatically renewed each year, you may opt-out next year.

Please indicate your Component Number on the application.

CODE	COMPONENT	CODE	COMPONENT
CA01	Central Coast	CA13	San Diego County
CA02	East Bay	CA14	San Fernando
CA03	Kern County	CA15	San Francisco
CA04	Long Beach	CA16	San Gabriel Valley
CA05	Los Angeles	CA17	San Joaquin Valley
CA06	Monterey Bay	CA18	Santa Barbara
CA07	Mt. Diablo	CA19	Santa Clara Valley
CA08	Napa-Solano	CA20	Six Rivers
CA09	Orange County	CA21	South Bay
CA10	Peninsula	CA22	Tri-County
CA11	Redwood	CA23	Valley Oaks
CA12	Sacramento Valley	CA24	Ventura County
		CA25	Shasta