



American Dental Hygienists' Association
800/243-2342 • fax 312/467-1806 • www.adha.org



Mail Application to: →

Lori Nott Hallock, RDH, BS - P.O. Box 23958
Pleasant Hill, CA 94523 (925)930-7194

Application for Membership

____ - ____ - ____
Social Security Number

Please circle your credential:

RDH LDH RDHAP 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

Component Name/Number (see below)

Dental Hygiene School Attended

State

Year of Graduation

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

Current License Number

State

Please circle the highest educational level attained:
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	\$20.00
Assessment (if applicable)	\$
Total	\$315.00

\$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 creditcard. (see **Total**)
- VISA Master Card

Card Number

Expiration Date

Name as it appears on the card (Please Print)

Signature

Date

Please indicate your Component Number on the application.

CODE	COMPONENT	CODE	COMPONENT
CA01	Central Coast \$25	CA13	San Diego County \$20
CA02	East Bay \$20	CA14	San Fernando \$25
CA03	Kern County \$20	CA15	San Francisco \$25
CA04	Long Beach \$20	CA16	San Gabriel Valley \$25
CA05	Los Angeles \$20	CA17	San Joaquin Valley \$20
CA06	Monterey Bay \$25	CA18	Santa Barbara \$20
CA07	Mt. Diablo \$20	CA19	Santa Clara Valley \$20
CA08	Napa-Solano \$20	CA20	Six Rivers \$20
CA09	Orange County \$30	CA 21	South Bay \$25
CA10	Peninsula \$20	CA22	Tri-County \$20
CA11	Redwood \$30	CA23	Valley Oaks \$20
CA12	Sacramento Valley \$20	CA24	Ventura County \$25
		CA25	Shasta \$20