



## Indiana Dental Hygienists' Association Application for Membership

### New Member Information

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**Recruiting Member's Name** (if applicable)

\_\_\_\_\_  
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

Please circle the highest educational level attained.

Certificate Associate Baccalaureate Masters/PhD

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

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

State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Current License Number \_\_\_\_\_  
State \_\_\_\_\_

### Annual Dues

*National Dues* \$155.00

\$6.00 and \$5.00 of the annual ADHA membership dues are allocated for subscriptions to the *Journal of Dental Hygiene* and *Access*, respectively. Indiana

*Constituent Dues* \$ 92.00

*Component Dues* \$ \_\_\_\_\_

Ask your recruiting member or find your component dues online:  
[www.indiana-hygienists.org/annual\\_dues.htm](http://www.indiana-hygienists.org/annual_dues.htm)

Total Amount \$ \_\_\_\_\_

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 made payable to **ADHA** for the total amount of my Annual Dues.

\_\_\_ Please charge my Annual Dues to my credit card.  
Please circle one.

VISA MasterCard

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

Please mail application and check to:

Expiration Date \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

IDHA  
c/o Central Office Management Solutions  
P.O. Box 24167  
Indianapolis, IN 46224-0167

\_\_\_\_\_  
Name as it appears on the card (please print)

\_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_