



## Application for International Membership

**International Members.** International membership may be granted to any individual who (i) resides outside of the United States; and (ii) holds a valid license to practice as a dental hygienist. \*International members are a nonvoting category of membership.

\_\_\_\_\_ Please circle your credential  
ADHA Membership Number (If applicable) RDH LDH Other: \_\_\_\_\_

\_\_\_\_\_ Email  
Full Name \_\_\_\_\_

\_\_\_\_\_ Home/Work Phone  
Street Address \_\_\_\_\_

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

**Annual Dues: \$ 216.00**

*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     American Express     Discover

\_\_\_\_\_ Expiration Date  
Card Number \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on the card (Please Print)

\_\_\_\_\_ Date  
Signature \_\_\_\_\_

**Materials should be submitted to:**  
American Dental Hygienists' Association  
444 N. Michigan Ave., Ste. 400  
Chicago, IL 60611  
Phone: (312) 440-8900  
Fax: 312-467-1806  
finance@adha.net