



American  
Dental  
Hygienists'  
Association

# Student Membership Group Payment Form

Please submit this completed form along with payment to [student.relations@adha.net](mailto:student.relations@adha.net) or mail to 444 N. Michigan Ave. Suite 400, Chicago, IL 60611. If more space is needed to list all students, please attach an additional page.

## Program Information

YES / NO

Student Advisor Name                      Student Advisor Member ID                      New Student Advisor?

DH Program Name                      Contact Phone Number                      Contact Email

## Student Information

	Student Name	ADHA ID #	Grad Date
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## Membership Type

1 year - \$65 per student (membership valid through 12/31/2022)

2 year - \$120 per student (membership valid through 12/31/2023)

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## Payment Information

Total Amount Due: \_\_\_\_\_ ( \_\_\_ Students x \$ \_\_\_\_\_ )

Paying by Check

Check # \_\_\_\_\_

Paying by Credit Card

Type of Credit Card:     Visa     Mastercard     American Express     Discover

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

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Expiration Date

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**Questions?** Email us at [student.relations@adha.net](mailto:student.relations@adha.net) or visit [www.adha.org/student-membership](http://www.adha.org/student-membership).