

***Professional Growth through Leadership, Mentorship and Fellowship***

**RENEWAL APPLICATION FOR MEMBERSHIP**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADHA Member: \_\_\_yes \_\_\_no ADHA ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Constituent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (send copy of membership ID)

**Membership Renewal Fee Schedule:**

Biennial Dues August 1st Dues are paid for the next two (2) years.

**\_\_\_\_\_** ADHA Member: $150.00 **\_\_\_\_\_**Non-ADHA Member: $200.00

**Acceptable Payments:** PayPal or Check

\*PayPal link is located on the home page and membership page of the website at [**www.aadh.org**](http://www.aadh.org)

**Make Check Payable To:** American Academy of Dental Hygiene Inc.

**Send to: AADH** Attn: Danni Gomes

**311 14th St. #2**

**Union City, N.J. 07087**

**Renewing Member Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete the Following Information:**

* **Continuing Education Verification:**Submit only course information as specified on this application. There are no copies of certificates required*.*
* **Proof of Current ADHA Membership if Applicable:**Please list membership number in space provided above and email a copy of your membership card along with this form.

**Continuing Education Verification:** Biennial Submission – August 1st

**Total Number of CE Credits Listed Below: \_\_\_\_\_\_\_**

**Requirement:** Thirty hours of Academy approved, or agency recognized continuing education courses (taken/up to 25% given) per two-year renewal period.

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| --- | --- | --- | --- | --- | --- |
| **Date of Course** | **# of Credits** | **Title** | **Location** | **Speaker** | **Sponsor** |
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