**MICHIGAN DENTAL HYGIENISTS’ ASSOCIATION**

**Application for**

**LIFE MEMBERSHIP**

Name: Click here to enter text. Credentials: Click here to enter text.

ADHA# Click here to enter text.

Home Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code **Click here to enter text.**

Home Phone: Click here to enter text. Work Phone: Click here to enter text.

Email Address: Click here to enter text.

1. State Component: Click here to enter text. 2. State Component: Click here to enter text.

I certify that the information contained in this application is true to the best of my knowledge,

and that, if given this award I will be recognized for its formal presentation at the MDHA House of Delegates.

Signature: Click here to enter text. Date: Click here to enter text.

**Directions: Type directly into the spaces on the application form. Then save the document to your computer. Attach the document to an email and send to: Attach the document to an email and send to: Danielle Rauch RDH, BA**

**Membership Award Chair:** [daniellerauch@me.com](mailto:daniellerauch@me.com)

All applications must be received by **August 1st of the current year** and will be reviewed by the MDHA Board of Trustees, Membership Council Chair, Membership Award Chair and verification of payment of dues verified by ADHA. Any application submitted past the deadline will be considered for the following year.

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For office use only:

Completed and signed application. Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application for**

**LIFE MEMBERSHIP**

**CRITERIA**

A Life Member is a current, active member of the ADHA who has achieved **one or more** of the following criteria:

* Paid dues for a total of thirty (30) consecutive or thirty-five (35) cumulative years.
* Served as president of the ADHA:
* Served as president of MDHA and paid dues for a total of twenty-five (25)

cumulative years.

* Received recommendation for life membership by unanimous vote of the BOT

and majority vote of the delegates, present and voting at the HOD, in recognition

for outstanding contributions to both Dental Hygiene and the Association.

Name: Click here to enter text.Credentials: Click here to enter text.

Grad year: Click here to enter text. Alma Mater: Click here to enter text.

Year of Presidency of ADHA: Click here to enter text.

Year of Presidency of MDHA: Click here to enter text.

Component: Click here to enter text. Years of Membership: Click here to enter text.

Component: Click here to enter text. Years of Membership: Click here to enter text.

Component: Click here to enter text. Years of Membership: Click here to enter text.

TOTAL Years of Membership: Click here to enter text.

*\*you may be asked to provide proof of membership is there is any discrepancies in years listed \**

List any additional Task Force, Councils or volunteering.