

PROSPECTIVE GRADUATE FORM

Congratulations on your impending graduation and welcome to the dental hygiene profession. The purpose of this form is to help the Ohio Dental Hygienists' Association be aware of all new graduates. We would like to be of service to you and also have the nearest Component Association welcome you to the organization. In order to do this, we need the following information.

PLEASE GIVE US THE ADDRESS WHERE YOU CAN BE REACHED AFTER GRADUATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PRIMARY PHONE:

OTHER PHONE:

PERSONAL EMAIL:

SCHOOL:

STUDENT CHAPTER OF ADHA MEMBER ID#

CAN WE SEND YOU TEXT MESSAGES?

_____YES

_____NO

CAN WE SEND YOU EMAIL?

_____YES

_____NO

BEST WAY TO CONTACT YOU?

EMAIL

TEXT

PHONE CALL

PLEASE CHECK THE AREA(S) WHERE YOU PLAN TO BE EMPLOYED AND/OR ATTEND COMPONENT MEETINGS.

___ Cincinnati

___ Northwestern

___ Cleveland

___ Stark

___ Columbus

___ Toledo

___ Dayton

___ Tri-County

___ Northeastern

___ Another state-if so what state? _____

Thank you for your cooperation and again, congratulations upon entering your chosen profession. We hope you become an active member of the American Dental Hygienists' Association and the Ohio constituent, the Ohio Dental Hygienists' Association. Your excitement and enthusiasm for dental hygiene is an asset to an already vital profession.

Please have the Student Chapter Advisor (or Program Director) send all prospective graduates forms together, and mail to:

Katharyn Buckingham, RDH

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