National Dental Hygienists' Association

www.NDHAonline.org

MEMBERSHIP APPLICATION
2012-2013

(PLEASE TYPE OR PRINT LEGIBLY) Date_____

Last Name	First	Credentials	Month/Year of Birth
Street Address			Apartment #
City	State	Country	Zip Code
( )	( )		( )
Home Phone	Cell Phone		Work Phone
Email			

EDUCATION/LICENSURE:

Dental Hygiene School Attended		State	Year of Graduation
Dental Hygiene License Number	State	Dental Hygiene License Number	State

PLEASE CHECK ALL THAT APPLY:

_____ Certificate in Dental Hygiene
_____ Associate's Degree
_____ Bachelor's Degree

INDICATE CURRICULM OF STUDY:

_____ Masters _____
_____ Doctorate _____

MEMBERSHIP DUES CYCLE: JANUARY 1 – DECEMBER 31

_____ $125 National Dues
_____ $150 National Dues after March 1
_____ $35 Undergrad dental hygiene student (valid identification required)
_____ $50 Lifetime Membership
_____ $75 Retired Membership

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO NDHA OR SUBMIT CREDIT CARD INFORMATION BELOW.

Credit Card Holder's Name: _____
Credit Card Number: _____ Expiration Date:_____
Check Type: _____ Visa _____ MC _____ AMEX _____ Discover _____ Other
*Authorizing Signature: _____

*****THERE WILL BE A $30 SERVICE CHARGE FOR ALL RETURNED CHECKS*****

Mail this application and payment to:

NDHA
c/o Barbara Thompson, Treasurer
32753 Stefano Drive
Brownstown, MI 48173
Fax: 734-379-3608
bjbeaty3@sbcglobal.net

*My signature authorizes the National Dental Hygienists' Association to debit my account the designated fees associated with membership as indicated on this form.