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MEMBERSHIP APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

Date _____

Last Name First Credentials Month/Day of Birth

Street Address Apartment #

City State Country Zip Code

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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

- \$150 National Dues
- \$175 National Dues after March 1
- \$35 Undergrad dental hygiene student (valid identification required)
- \$0 Lifetime Membership (verification required)
- \$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 LaVerna Wilson, Treasurer
 366 E. Gorgas Lane
 Phila., PA 19119
lwabuelita@gmail.com
 215-285-6140-cell / 215- 844-8011-fax

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