



Active Membership 2015-2016

Your CDHA membership gives you credibility, visibility, and voice in addition to a first-rate professional liability insurance program, professional development, subscriptions to a professional magazine and research journal and numerous other value-added products and services.

Visit www.cdha.ca for information

For faster processing, renew your membership online today at www.cdha.ca/renew



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CDHA invites you to rediscover your membership. We take great pride in offering a premium membership benefits program.



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRES

ACTIVE MEMBERSHIP

(November 1, 2015 – October 31, 2016)

Note: Members in the provinces of Alberta, Saskatchewan and Nova Scotia should not use this form. Your membership is processed through your provincial regulatory body.

What would you like to do?

- ☐ Renew my membership

Membership number: _____

- ☐ Apply for membership

First name: _____

Middle name: _____

Last name: _____

Email address: _____

Home address: _____

City: _____

Province: _____ Postal code: _____

Country: _____

Home telephone: (____) _____

Cell phone: (____) _____

Preferred number: ☐ Home Phone ☐ Cell Phone

New applicants

Birth date (mm/dd/yyyy): _____

Gender: ☐ Male ☐ Female

Dental hygiene school attended: _____

Graduation date (mm/yyyy): _____

Practising member declaration

- ☐ I certify that I am legally eligible to practise dental hygiene in at least one of the jurisdictions of Canada. I understand that based on the foregoing statement, I am eligible to be an Active Member of the CDHA and am eligible for professional liability insurance and the criminal defence reimbursement rider.

Signature: _____

Date (mm/dd/yyyy): _____

PREFERENCES

Email communications

Your email communication preferences can be adjusted at any time. Through your online profile you have the option of selecting specific types of CDHA email to receive.

Do you wish to receive email communication from CDHA?

- ☐ Yes ☐ No*

**Note: you may not opt out of receiving transactional emails such as invoices, receipts, registration confirmations, etc.*

Third party mailing consent

- ☐ I CONSENT for CDHA to release my mailing address to third party partners who meet the requirements of third party list rental.

Membership directory listing

- ☐ I CONSENT for my name to appear in the listing.

Professional status

- ☐ Independent Practice
☐ Independent Practice + Employee/Contract
☐ Employee/Contract

Publications

Would you prefer to receive electronic versions only of the following publications?

Canadian Journal of Dental Hygiene ☐ Yes ☐ No

Oh Canada! ☐ Yes ☐ No

Note: All issues of the journal and magazine are always available online at www.cdha.ca for reading and printing.

FEE TABLE

Active Membership with basic insurance*

	Provincial Fee	CDHA Fee	Total
CDHA/BCDHA	\$175	\$187	\$362
CDHA/MDHA	\$120.25	\$187	\$307.25
CDHA/NBDHA	\$95	\$187	\$282
CDHA/NLDHA	\$130	\$187	\$317
CDHA/PEIDHA	\$90	\$187	\$277
ON, NU, NT, QC, YT	n/a	\$187	\$187
Out of country	n/a	\$187	\$187

**Includes professional liability insurance in the amount of \$3 million aggregate (\$1 million per claim)*

PAYMENT

Subtotal (from table): _____

- ☐ Add \$15 for enhanced insurance professional liability insurance in the amount of \$4 million aggregate (\$2 million per claim)

I don't have 2015 professional liability insurance and would like to purchase it now.

- ☐ Add \$50 for 2015 professional liability insurance in the amount of \$3 million aggregate (\$1 million per claim)

OR

- ☐ Add \$65 for 2015 professional liability insurance in the amount of \$4 million aggregate (\$2 million per claim)

- ☐ Add \$50 to join the Educator Community

- ☐ Add \$75 to join the Independent Practice Network (access to UIN, CDHA-ACHDnet™, our online IP Community, and "Find an Independent Dental Hygienist" listing)

Total Fee Enclosed: _____

- ☐ Cheque or money order in Canadian funds (Please make payable to CDHA. A \$25 fee will be charged for payments returned from the bank.)

Card type

- ☐ VISA ☐ MasterCard

Card number: _____

Expiry date (mm/yyyy): _____

Name on card (please print): _____

Signature: _____

Membership fees are non-refundable, non-transferable and are not prorated.

Your receipt and membership card will be emailed within three business days of processing your application and payment. Hard copies will only be mailed on request.



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