



Retired Membership 2015-2016

CDHA's retired membership category allows you to reconnect with your national association and continue to support the profession. Membership includes all of the benefits of active membership, with the exception of professional liability insurance. Your CDHA membership gives you credibility, visibility, and voice in addition to subscriptions to a professional magazine and research journal, and numerous other value-added products and services.

Visit www.cdha.ca for information.

For more information or faster processing, please call
1-800-267-5235



1122 Wellington St W
Ottawa, ON K1Y 2Y7

www.cdha.ca
membership@cdha.ca

Tel: 1-800-267-5235 | Fax: 613-224-7283



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

RETIRED MEMBERSHIP

(November 1, 2015 – October 31, 2016)

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

Retired member declaration

- ☐ I certify that I have permanently resigned my licence to practise dental hygiene and that I have been an Active CDHA member in good standing for a minimum of 10 years.

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.

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

Retired Membership

	Provincial Fee	CDHA Fee	Total
CDHA/BCDHA	\$22	\$50	\$72
CDHA/MDHA	\$32	\$50	\$82
All others	n/a	\$50	\$50

PAYMENT

Subtotal (from table): _____

- ☐ Add \$50 to join the Educator Community

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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www.cdha.ca/renew