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

CDHA ACHD

DENTAL HYGIENE EDUCATORS' COMMUNITY
INSTITUTIONAL MEMBERSHIP

Institution: _____

Institution Address: _____

Primary Contact Name (Program Director/Coordinator): _____

Phone Number: _____ **Email address:** _____

Pricing

The fee schedule is based on the number of dental hygiene educators and CDHA members (full-time and part-time) enrolled under your institution. Please select the appropriate category. Note: payment must include applicable taxes as per the chart.

$115 flat rate for 3-5 Dental Hygiene Educators

$225 flat rate for 6-15 Dental Hygiene Educators

$425 flat rate for 16+ Dental Hygiene Educators

		TOTAL WITH TAXES				
		BC, AB, SK, MB, NT, NU, YK	**ON**	**NS**	**QC**	**NB, PE, NL**
EDUCATORS	**AMOUNT**	***5%***	***13%***	***14%***	***5% HST, 9.975% QST***	***15%***
3 to 5 / INSTITUTION	$ 115	$120.75	$129.95	$131.10	$132.22	$132.25
6 to 15 / INSTITUTION	$ 225	$236.25	$254.25	$256.50	$258.69	$258.75
16+ / INSTITUTION	$ 425	$446.25	$480.25	$484.50	$488.64	$488.75

Educator Information:

Educator #1
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #2
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #3
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

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Educator #4
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #5
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #6
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #7
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #8
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #9
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #10
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #11
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

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(See the following page for additional educator fields)

Payment Information

Total: _____

Payment Type: Credit card (Visa/MC) Cheque

Credit Card Number: _____

Expiry Date (MM/YY): _____ CVV #: _____

Name on Card: _____

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

Please return completed form and payment to CDHA by fax, mail or email:

Fax	613-224-7283	
Mail	1122 Wellington St. W, Ottawa, ON K1Y 2Y7	
Email	info@cdha.ca	*(Please do NOT email credit card information; call CDHA Membership Services at 1-800-267-5235 with credit card details.)*

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Educator #12
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #13
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #14
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #15
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #16
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #17
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator

Educator #18
Name:_____CDHA Number:_____
Email Address: _____
Full-time Dental Hygiene Educator Part-time Dental Hygiene Educator