



## 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 CDHA member dental hygiene educators (full-time and part-time) enrolled under your institution. Please select the appropriate category:

- \$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

### 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

#### 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

*(see 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](mailto:info@cdha.ca)    *(Please do NOT email credit card information; call CDHA Membership Services at 1-800-267-5235 with credit card details.)*



Educator #\_\_

Name: \_\_\_\_\_ CDHA Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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