THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

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 enrolled under your institution. Please select the appropriate category:

☐ $100 flat rate for 3-5 Dental Hygiene Educators

☐ $200 flat rate for 6-15 Dental Hygiene Educators

☐ $400 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

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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 *(Please do NOT email credit card information; call CDHA Membership Services at 1-800-267-5235 with credit card details.)*

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