



**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. Note payment must include applicable taxes as per 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	QC	NB, NS, PE, NL
EDUCATORS	AMOUNT	5%	13%	5% HST, 9.975% QST	15%
INSTITUTION 3-5	\$ 115	\$120.75	\$129.95	\$126.21	\$132.25
INSTITUTION 6-15	\$ 225	\$236.25	\$254.25	\$246.94	\$258.75
INSTITUTION 16+	\$ 425	\$446.25	\$480.25	\$472.19	\$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



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



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

(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.)*



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