



IFDH Individual Membership Application

To apply for Individual Membership, Dental Hygienists must meet one of the following criteria:

- Graduation from an accredited minimum two-year dental hygiene program OR
- Membership (in good standing) in an association that is an IFDH member

Complete this form and submit it with:

- ❖ Payment (see page 2)
- ❖ A photocopy of your national association identification card (if applicable)
- ❖ Your diploma from an accredited two-year dental hygiene program (if applicable)
- ❖ Or other proof of membership/education as stated above

Personal Information

First Name: _____ Last Name: _____

Title: _____ Birth Month ____ Day ____ Year _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Declaration

I certify that the information provided is correct and that I support the policies of the IFDH. Proof of my national association membership or education is enclosed.

Signature _____ Date: _____

The International Federation of Dental Hygienists

100 South Washington Street, Rockville MD 20850, USA

• Phone: 240-778-6790 • Fax: 240-778-6112 • Website: www.ifdh.org



INTERNATIONAL FEDERATION
OF DENTAL HYGIENISTS

Payment (\$125 USD)

- Bank Cashier's Check or Money Order in \$US (**Make payable to IFDH**)

Mail to the address at the bottom of this page

- Credit Card (Fax to +1.240.778.6112 or Enter information below, scan and email to membership@ifdh.org)

—MasterCard — Visa —American Express

Cardholder's Name (print as it appears on card): _____

Credit Card #: _____

Expiration Date: _____ Security Code (on back of card): _____

Cardholder's Signature: _____

Mail this application to the address below

Or

Scan and Email to: membership@ifdh.org

Please allow 4 weeks for processing

The International Federation of Dental Hygienists

100 South Washington Street, Rockville MD 20850, USA

• Phone: 240-778-6790 • Fax: 240-778-6112 • Website: www.ifdh.org